

PREA AUDIT: AUDITOR'S SUMMARY REPORT ADULT PRISONS & JAILS

PREA AUDIT REPORT ☐ Interim ☒ Final

Date of report: March 6, 2017

Auditor Information			
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Telephone number: 785-291-3074			
Date of facility visit: January 25 – 27, 2017			
Facility Information			
Facility name: Boonville Correctional Center			
Facility physical address: 1216 E Morgan, Boonville, MO 65233			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 660-646-4032			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Jeff Norman , Warden			
Number of staff assigned to the facility in the last 12 months: 302			
Designed facility capacity: 1346			
Current population of facility: 1322			
Facility security levels/inmate custody levels: C-1 minimum			
Age range of the population: 18- 80			
Name of PREA Compliance Manager: Rebecca Ehlers		Title: Deputy Warden	
Email address: Rebecca.Ehlers@doc.mo.gov		Telephone number: 660-882-6521 Ext 104	
Agency Information			
Name of agency: Missouri Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 2729 Plaza Drive, Jefferson City, MO 65102			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 573-526-6607			
Agency Chief Executive Officer			
Name: George Lombardi		Title: Director	
Email address: George.Lombardi@doc.mo.gov		Telephone number: 573-526-6607	
Agency-Wide PREA Coordinator			
Name: Vevia Sturm		Title: PREA Coordinator	
Email address: Vevia.Sturm@doc.mo.gov		Telephone number: 573-522-1634	

AUDIT FINDINGS

NARRATIVE

PRE-AUDIT

A Notice of PREA Audit was sent to Boonville Correctional Center (BCC) on December 15, 2016 via the Site Coordinator, Rebecca Ehlers, and the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on January 25 – 27, 2017. At this time, this auditor requested that the pre-audit questionnaire (PAQ) be sent to me no later than January 11, 2017. It should be noted that this audit is being conducted as part of five-state circular audit consortium consisting of Nebraska, Kansas, Missouri, Kentucky and Louisiana.

On January 10, 2017, this auditor received a flash drive containing BCC's Pre-Audit Questionnaire. The flash drive contained department and agency policies, curriculum and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

On January 23, 2017, a tentative agenda for the PREA audit was sent the Site Coordinator and the PREA Coordinator for MDOC. This agenda outlined the when the auditing would be on site, the types of staff and inmates that would be interviewed and when the audit would conclude. The Site Coordinator was advised of which specialized staff would be interviewed as well as which specialized inmate populations would be interviewed.

ONSITE

The auditor was accompanied on the site visit by a members of the Kansas PREA team; Terrell Brooks, Central Office PREA Specialist and Doug Lawson, Deputy Warden and Certified DOJ Auditor. The team was greeted and given a history and the layout of the facility by Warden Jeff Norman and Deputy Warden (Site Coordinator) Rebecca Ehlers as well as other Executive Team members. The agency Assistant PREA Coordinator Adam Albach was also in attendance throughout the audit process. After the initial meeting, a detailed tour was provided to the auditing team.

Warden Jeff Norman and Site Coordinator Rebecca Ehlers lead the onsite tour. The tour began with the housing units.. The auditor viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information was clearly marked on bulletin boards in each living unit. It was noted that emotional support service information was missing in some of the units and they were quickly replaced by administration. In all living units toilets and shower stalls all had appropriate coverings. The "Notice of PREA Audit" was also clearly visible throughout the tour.

In addition to the living units, intake, medical area, outside recreation, inside recreation, dining areas, library, programs, and control posts were also toured. PREA reporting information in English and Spanish were found on every bulletin board and were clearly marked.

In several of the housing units cameras were found to in the shower and toilet areas, with some cameras facing the shower stalls. The auditing team expressed concern as the live feeds of these areas were being seen by any staff member at the officer station. Live feed access as removed from the officer stations. It was then learned that the only personnel having access to the live were the Warden, Assistant Warden (both male) and the Administrative Investigative Officer who is female. This still raised a concern as the female officer had access to live feed when not investigation an incident (per her duties.) The administration were quick to address this concern and issued the following memo dated January 25, 2017: "Effective immediately live feed from bathroom areas is to be removed from Laura Friesz' camera operations sign on. When an investigation regarding an incident that happened or may have happened in a bathroom needs review, the electronic technicians will be notified by the warden to grant access to the AIO for review and recording purposes. At the conclusion of her viewing/burning the footage for investigative purposes, the electronic technicians will be notified to remove access by the warden's office."

Immediately after the tour, the Site Coordinator provided the auditing team with staff rosters from all three shifts and provided a list of specialized staff. The auditor then randomly selected from each shift, as well as established times to interview specialize staff.

The Site Coordinator provided the auditor with housing unit rosters. In reviewing the housing rosters the auditor randomly selected two - four inmates from each unit for a total of 36 inmates to be interviewed. BCC provided confidential locations in the training center for the auditing team to interview inmates.

BCC provided appropriate accommodations for the auditors to conduct inmate and staff interviews. The auditor was given access to staff

files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. The Site Coordinator and Warden were readily available to answer any questions and assist in any way. Staff at BCC was extremely helpful and polite throughout the entire process and escorted the audit team to each housing unit.

Auditors interviewed a total of 36 inmates that had various lengths of stay. The auditors interviewed a total of 19 staff to include the Warden, Mental Health Staff, Human Resources staff, Training Director, Chief of Custody, Intake Staff, as well as random staff from all housing units.

Prior to the exit interview, the auditor reviewed onsite documentation and discussed results of interviews conducted by Terrell Brooks and Doug Lawson. We compared notes and reviewed standards. There was an exit interview conducted at the end of the site visit.

POST AUDIT

After the onsite portion of the PREA audit, this auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

On March 15, 2017, the PREA audit report was submitted to the PREA Resource Center and copies were sent to the Warden and Deputy Warden of BCC, as well as, the statewide PREA coordinator.

DESCRIPTION OF FACILITY CHARACTERISTICS

OVERVIEW:

The Boonville Correctional Center (BCC) is located in Boonville, Missouri. It was constructed in 1889 and is located at the former Missouri Training School for Boys. The facility was transferred to the Department of Corrections on July 1, 1983. BCC consists of 31 buildings. Inmate housing, which consists of 12 housing units, includes two, four, and six person rooms, twelve, sixteen, eighteen and twenty person rooms, twenty-four, twenty-six, twenty-eight and thirty person rooms, thirty-two and thirty-six person rooms, and fifty and sixty person rooms.

BCC receives offenders sentenced to the Missouri Department Corrections. BCC also houses probation/parole returns as well as those offenders sentenced to treatment.

The current population at BCC is 1,322 adult male offenders. During the past 12 months 2,157 offenders have been admitted to this facility. Of this number, 2,034 admitted had a length of stay longer than thirty days. The age range of the current offender populations is 18- 80 with custody levels being minimum custody.

BCC has 302 employees who have contact with the offender population. This staff is responsible for the security of all buildings located at BCC. In addition to its 302 employees, BCC also has 49 volunteers and individual contractors who are currently authorized to enter the facility. There are 32 investigators across the State of Missouri with two investigators beings assigned to BCC.

BCC is located within a secure perimeter. The facility has the official capacity to house 1,346 offenders.

SUMMARY OF AUDIT FINDINGS

It's clear that BCC believes that incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency, the actions of BCC leadership as well as the knowledge the staff demonstrated of PREA. BCC leadership was quick to ask great questions when it came to the cross-gender viewing of the toilets in the segregation and crises level units. They were very open with the auditing team and wanted team's input. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

The overall theme of the interviews with inmates included feeling safe at the facility and the belief that staff takes reports of sexual abuse seriously. The inmates were able to explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education upon intake. While some stated they could not remember the PREA video in its entirety, they did remember viewing it. All inmates reported they knew that opposite gender staff announced themselves at the beginning of each shift.. Several inmate interviews indicated that once a PREA allegation was made, the victim was immediately placed in segregation. The auditor reviewed additional random files while on site which are maintained by the Site Coordinator and found that this was not the practice of BCC.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger they would immediately secure the safety of that individual. It is clear that there is a zero –tolerance culture at BCC.

Interviews with specialized staff were completed and the results were positive and supported the zero-tolerance culture. Each knew their role and responsibilities as it pertains to PREA compliance and documentation. They articulated the coordinated response and the expectations that staff would follow all policies. Administrative staff was very open to any suggestions the auditors presented during the tour and the exit meeting.

Documentation provided in the pre-audit questionnaire was well organized and easy to read. BCC was found to be in compliance with all PREA standards and was determined to have exceeded two of them.

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11(a) BCC has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. (See D1-8.13 Offender Sexual Abuse and Harassment, Section III (A)(2), page 6: "The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation." In this same policy the agency outlines how they will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. This outline can be found starting on page 6 and ends on page 27.

This same policy also includes specific definitions of offender-on-offender sexual abuse as well as offender-on-offender sexual harassment. Definitions in this policy also define staff-on-offender sexual abuse and staff-on-offender sexual harassment.

BCC also has an additional policy that addresses zero tolerance towards all forms of sexual abuse and sexual harassment. (See D1-8.6 Offender Physical Abuse, Section III (A)(3), page 3: "The department has zero tolerance for all forms of offender abuse and retaliation." In III (B)(1) page 3 it further states, "Failure to report that an offender has been abused is a class A misdemeanor."

In addition to this policy, IS19-1.1, "Conduct Rules and Sanctions," Section II (N) Rules of Conduct (7), page 3, defines Forcible Sexual Misconduct: 7.1 Using force, coercion or threats of force to obtain the compliance of another in any type of sexual activity. On page 9 of this same policy, it states, "The first 9 conduct violations rules (1-9.4) shall be considered major conduct violations. Major conduct violations shall normally result in more severe sanctions than other violations. Any conduct violations, under unusual or extreme conditions, may be considered a major violation if so recommended by the adjustment board and approved by the warden/designee."

The auditor also reviewed the employee handbook. On page 20, "Offender Abuse and Sexual Contact with an Offender," it states, "...A person commits the crime of offender abuse by knowingly injuring the physical well-being of an offender by beating, striking, wounding or by having sexual contact with an offender. Offender abuse is a class C felony, which carries a maximum sentence of incarceration of seven years." It goes on to state "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor."

Through the tour of the facility, the auditor noticed signage in every living unit, recreation areas, dining halls, education building that stated sexual abuse is not tolerated at BCC. Signage also included ways offenders could report such abuse.

115.11(b) Missouri Department of Corrections (MDOC) has designated an upper-level, agency wide PREA Coordinator. The position of the PREA Coordinator is listed in the MDOC's organizational chart and is under the department's General Counsel. In addition, BCC has also designated the Deputy Warden of Offender Management as the PREA compliance manager (Site Coordinator). This position is also listed in the facility's organizational chart and reports directly to the Warden of BCC. Both positions are required per policy D1-1.13, Offender Sexual Abuse and Harassment, Section III (A)(4) and (5), page 6.

115.11(c) N/A BCC only operates one facility.

Standard 115.12 Contracting with other entities for the confinement of inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.12(a) N/A BCC does not contract with private agencies or other entities for the confinement of inmates.

115.12(b) N/A BCCC does not contract with private agencies or other entities for the confinement of inmates.

NOTE:

It should be that BCC's parent agency, Missouri Department of Corrections (MDOC) does contract with private agencies and other entities for the placement of inmates.

The requirement of the parent agency to require any new contract or contract renewals with private agencies or other entities the obligation of that party to adopt and comply with the PREA Standards.

This language can be found in MDOC's policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (9), page 7, states, "All residential contractors shall adopt and comply with PREA standards as outlined in their contract with the department..." The policy also states that Chief Administrative Officer or designee shall regularly audit residential contractors to ensure compliance with the PREA standards and the department may enter into contracts with an entity that fails to comply with PREA standards only in emergency circumstances.

BCC provided an example of what MDOC sends out in their request for proposals (RFP) for residential placement. On page 11 of the RFP, "The state agency has a zero tolerance for any form of sexual misconduct to include staff/contractor/volunteer on offender or offender on offender sexual harassment, sexual assault, sexual abusive contact and consensual sex. Any contractor or contractor's employee or agent who witnesses sexual abuse or sexual harassment must immediately report it to the Chief Operating Office of the residential facility. A contractor or contractor's employee or agent who engages in, fails to report, or knowingly condones sexual harassment or sexual contact with or between offenders shall be grounds for canceling the contract and may subject the contractor or contractor's employee or agent to criminal prosecution. Any contractor, contractor's employee or agent who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution shall be denied access into the institution."

On page 12, the RFP also discusses PREA audit requirements, PREA reviews by MDOC, required staffing patterns as well as the requirements for specific PREA policies.

BCC provided examples of PREA audits that have been conducted at MDOC's contracted placements (Heartland Center for Behavior Change and Metropolitan Employment and Rehabilitation Services)

Standard 115.13 Supervision and monitoring

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.13(a) MDOC requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (10)(11), page 7 states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender populations, and the prevalence of substantiated and unsubstantiated offender sexual allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted."

In 2009, the MDOC Division of Adult Institutions established Correctional Officer staffing patterns for all facilities noting minimum staffing for all posts. The Division of Adult Institutions operates with an overall ration of one officer to six offenders, (1:6). MDOC follows National Institute of Corrections suggested methods of calculating staff needs per post. The ratios of supervisory staff to corrections officer and other staff is as follows: One to seven (1:7) Sergeants to Corrections Office I and a one to three (1:3) Lieutenant to Sergeants.

Auditor reviewed a memo dated July 18, 2014 from BCC's Chief of Custody to the Warden regarding COI staffing. It reads, "BCC staff is based on the 2009 Institutional CO/I post analysis our current total authorized FTE (full time employees: CO/I's) is 162. It is imperative that we comply with the minimum number of Officers that are required to operate the facility by shift. According to the 2009 analysis, the number of Officers that are required to operate the facility by shift is; 1st shift – 23 Officers seven days a week, 2nd shift – 30 Officers seven days a week and 3rd shift – 29 officers seven days a week. These are the minimums according to the Division of Adult Institutions staffing pattern, which does not allow "extra" in case of emergency, out-counts or to assemble a five man extraction team. In order to address these needs for example on 1st shift,; the lobby officer, medical officer, the upper/lower hills Rovers and the third officer in H.U. #8 are the less essential posts. The second Officers from units 5, 6, & 15 are available for response team in an emergency, short-term use only and will require approval for Chief Administrative Officer/designee. Shift Commanders may not schedule leave or training that result in fewer than minimum number of Custody Officers required being available for shift without prior approval of the CAO...:

In regards to checking compliance with the staffing plan the warden states, "I look at the daily roster and I also walk through the facility to verify staffing levels. Our overall staffing levels are determined by Central Office. We have a formal meeting every year to discuss staff levels and PREA events. We also look to see if additional cameras are needed and where they are needed." The warden also reports there have been no judgments or legal findings made against the facility.

115.13(b) N/A BCC has had no circumstances where there were deviations from the staffing plan.

115.13(c) BCC provided a copy of a memo from Dave Dormire, Director of Division of Adult Institutions to the statewide PREA Coordinator with BCC's Chief of Custody being carbon copied. The memo, dated July 24, 2015, reads, "This is in response to the Division's compliance to PREA Standard – 115.13 Supervision and monitoring. In regard to our staffing, the division continually reviews our staff planning to provide adequate staffing levels and we currently have no significant changes. If any one of the below eleven components would change, it would trigger a review of our staffing plan. Thank you."

Policy D4-4.8, Security Camera Operations, page 5, states, "To assist in the prevention, detection and prosecution of offender sexual abuse and overall security of the facility, the CAO or designee will monitor the feasibility of placement and the need for new or additional requirements equipment. The CAO or designee will maintain a current document reflecting existing video equipment, requests for new purchases, and identified areas needing video surveillance. When debriefing critical incidents consideration shall be given as to whether security camera equipment or monitoring should be augmented to supplement supervision by staff in accordance with department procedures regarding serious incident reporting and debriefing."

Auditor reviewed meeting minutes dated July 12, 2016 for "Security Camera Review Meeting." The minutes covered the results of a "Needs Survey" sent out to the functional unit managers and the Administrative Inquiry Officer regarding areas not supported by security camera coverage which appeared to be inadequate or non-existent. Camera placement and coverage was reviewed for every housing unit. Review team also discussed the spot check of documented unannounced rounds being made by higher-level staff. The team also discussed staff levels were reported to be at 90% or above for all shifts.

Auditor reviewed BCC's calendar year 2015 annual report. This report incorporates the review PREA cases, overview of the facility's handling of PREA cases (to include any corrective action the facility implemented), evaluation of monitoring systems as well as the staffing plan.

115.13(d) Policy D1-8.13, Offender Sexual Abuse and Harassment, page 6, states, "Each facility shall ensure the intermediate-level or higher supervisors conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Each facility shall ensure that rounds occur periodically in all areas of the facility. Staff members shall be prohibited from alerting other staff members that these rounds are occurring. The rounds will be documented and readily accessible during audits as outlined in the facilities standard operating procedure."

BCC also provided copies of post orders for Shift Supervisor Captain, Administrative Program Security Lieutenant and Security Coordinator (Lieutenant). The Shift Supervisor post order states, "The shift supervisor will be responsible to assign custody supervisors (lieutenant or higher) to make unannounced rounds to all areas of the institution on an irregular basis to identify and deter sexual abuse and sexual harassment. Each tour will be documented on the PREA Checklist form specific for each shift. Rounds will be conducted at all areas offenders work or live on each shift at a minimum of once monthly. The shift supervisor for each shift will be responsible to forward the completed PREA Checklist form to the deputy warden of offender management no later than the 10th of the following month. Instances of staff alerting other

staff of the presence of a supervisor or a member of administration will be immediately reported in writing to the chief of custody and the deputy warden of offender management. The other post orders include the following statement, "Custody supervisors will be responsible to make unannounced rounds to all areas of the institution on an irregular basis to identify and deter sexual abuse and sexual harassment as directed by the shift supervisor."

Auditor reviewed the post order for Housing Unit Officers and Corrections Officer General post order. These post orders include the following statement, "Staff are strictly prohibited from alerting any other staff member to the presence of a supervisor or a member of administration."

Auditor reviewed twelve monthly "PREA Monthly Security Checklists" from 2016. These monthly logs record when supervisors conducted their unannounced rounds. The logs track the date and time of the round, the area visited, the supervisor conducting the round and their signature.

During the tour of BCC, the auditor stopped and talked to random staff in the housing units. The auditing team asked several staff members if supervisors conducted unannounced rounds. The overwhelming response from staff was "yes." They stated they document the round in their chronological log and make sure that it is in red. Staff states this makes it easier for administration when they are reviewing logs.

The auditor also interviewed a lieutenant in regards to unannounced rounds. He states, "We are required to do monthly (at a minimum) rounds at every housing unit. The rounds are logged in the housing unit logs and on our own logs." When asked how they prevent staff from alerting other staff he replied, "This is in the post orders and I would give a counseling session if someone lets it out that we are checking."

Standard 115.14 Youthful inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.14(a)(b)(c) BCC had no youthful offenders on the day of the audit. There have been no youthful offenders at BCC in the past twelve months.

NOTE:

SOPD1-8.13, Offender Sexual Abuse Harassment, Section III (C)(2)(c), page 11 states, "****SOP: Should BCC receive a youthful offender, the assistant warden will be immediately notified and a housing assignment will be specifically assigned to ensure the health and safety of the offender.

MDOC Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III, (C)(4), page 11 states, "A youthful offender shall not be placed in a housing unit which he shall have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters..."

This is also required by Missouri law: Chapter 217, Department of Corrections, Section 217.345, dated August 28, 2013

Standard 115.15 Limits to cross-gender viewing and searches

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.15(a) BCC is a male only facility and does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. In the past twelve months, there has been no cross-gender strip or cross-gender visual body cavity searches of inmates.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C) (7), page 14 -15 states, "Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services procedure...Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff of opposite gender viewing their breast, buttock, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks...Staff of the opposite gender shall announce their presence prior to entering an offender housing unit...Announcements shall be recorded...If a staff member of the opposite gender is required to venture past privacy barriers, and no exigent circumstances exist, the staff shall verbally announce their presence to the offenders and allow the offenders to seek privacy from the staff..."

Policy IS20-1.3, "Searches", page 8, states, "To the extent possible, strip searches will be conducted in an area to allow privacy to the offender. Strip searches will be conducted by staff members of the same gender, except in exigent circumstances. Exigent circumstances include: time delaying a search could allow for the destruction of evidence, escape of an offender, endangerment of life, health or property of staff members, offenders, or the public, emergency movement situations (i.e., crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons." Page 3 of this policy states, "Male offenders will be strip searched by male custody officers."

In the past 12 months there have been no cross-gender strip searches or cross-gender visual body cavity search. The facility did provide an example of the log that would be used if this would occur.

115.15(b) N/A BCC is a male only facility.

116.15(c) Policy IS20-1.3, "Searches," also states, "Staff members will document a cross gender strip search on the cross gender search form. The shift supervisor will make all applicable notifications in accordance with standard operating procedures and forward the cross gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross gender search form. If it is determined the search was conducted under non-exigent circumstances, it will be referred for review and action as deemed appropriate. The PREA site coordinator will maintain the cross gender search form and supporting documentation as deemed appropriate."

This same policy also states, "Cross gender thorough pat searches of male offenders will only occur during exigent circumstances. These cross gender thorough pat searches will be immediately reported to the shift supervisor and the searching staff member will document the search on the cross gender search form. The shift supervisor will make all applicable notifications in accordance with SOP and forward the cross gender search form to the Prison Rape Elimination Act (PREA) site coordinator. The PREA site coordinator shall review the cross gender search form. If it is determined the search was conducted under non-exigent circumstances, it will be referred for review and action as deemed appropriate. The PREA site coordinate will maintain the cross gender search form and supporting documents for tracking purposes."

Staff was emphatic that no cross gender strip searches are allowed at this facility except in the instance of exigent circumstances. All male inmates interviewed stated they have never had a female staff member strip search them. They each verified that this was not allowed as there was plenty of male staff at the facility.

In addition, various post orders require staff assigned to be male or a percentage of staff assigned to the post be male in order to not create exigent circumstances.

115.15(d) Policy D4-4.8 Security Camera Operations, Section III (B), page 4 states "As authorized by the CAO, stationary security cameras should be positioned where placement will enhance security operations as to view live monitoring of visual images in areas where offenders may be located...Security cameras may be placed in restroom/shower areas when barriers or camera positioning prevents the capture of images of genitals, buttocks, or male breasts." On page 5 of this same policy it states, "The CAO will designate authorized staff to review visual images at the original source as it relates to their assigned job duties as outlined in standard operating procedures. Access to visual images and recordings should be limited in order to maintain integrity and security. Custody posts designated for the specific purpose of viewing offender confinement within living environments where use of restroom, showers, strip cells, etc., occur shall be designated as same gender posts with the approval from the appropriate deputy division director."

During the tour of the facility, auditor observed the following when it comes to inmates showering, performing bodily functions, changing clothes in privacy and cross-gender announcements:

1. **Building 10 – Work Release:** Upon entering this housing unit, the male unit officer immediately made an announcement over the intercom alerting inmates of female staff in the area. The showers and restroom are located in the basement and a male member of the auditing team entered this area. He advised appropriate coverings were in place for the showers and the toilet areas. Officer station contained a monitor to view cameras.
2. **Building 16 – Laundry:** This area contained one inmate restroom. This restroom consisted of a one toilet and a sign on the door advising inmates that only one inmate may be in the restroom at a time.
3. **Building 9 – Honor Dorm, Puppies for Parole:** This housing unit consisted of one wing (12 double occupancy cells) for the Puppies for Parole and two open bay living areas. In the double occupancy cells, all cell doors were open and toilets were located just inside the doorway (clearly visible from the hallway.) When this auditor asked several of the inmates housed in this wing about this fact, they stated that no one uses these toilets. They stated that most have coverings inside the bowl preventing the dogs from drinking out of them. At the beginning of the hallway, there is a shower area and toilets. The shower area is open and enclosed by a wall that extends up from the floor halfway to two-thirds of the way up blocking the view of any genitalia from the hallway and officer's station. There are also curtains present to allow for privacy when using the toilet. Inmates stated this where they would go to use the restroom. The showers and the toilets located in the basement of the housing unit, also had appropriate coverings and allowed for individual privacy. Again, the officer's station contained a monitor to view cameras.
4. **Building 17 – Hope Chapel:** The Chapel contained one inmate bathroom behind the officer's station. This bathroom had no door; however, there was sign outside the doorway stating that only one inmate at a time would be allowed to enter to use the facilities. This bathroom consisted of two urinals, just inside the doorway, and a toilet behind a fixed wall that allowed officers to view the inmates' feet. When this auditor interviewed the officer assigned to the Chapel, he stated that the inmates do not use the urinals; they always go behind the wall. The auditor also noted a camera positioned in the corner of the bathroom that could possibly encompass the toilet. The auditor was advised that this restroom was a "hot spot" for fights. The installation of the camera and limiting one inmate to the restroom at a time was in response to the fights.
5. **Building 7 – Shock Incarceration:** The showers and restrooms in the living unit all contained protection barriers and were in place on the day of the facility tour.
6. **Building 6 - Reception and Orientation:** This living unit consists of open bay living areas. It also contains large open showers/restroom. This area includes cameras in each corner of this area. Entrance into this area is through one door way that contains a swinging bar style" door. Monitors are located at the officer's stations for viewing. Female officers are assigned to this building and inmates interviewed stated they do announce themselves when performing security checks on the restrooms.
7. **Building 12 – Food Services/Dinning Hall:** the kitchen area had one inmate restroom that contained a protective barrier. It is also designated as restroom that only one inmate at a time is allowed to enter. In the dining hall, an inmate bathroom is located just off the area where inmates line up for meals. This restroom contained a large window in the door. If an officer was standing in the line, or inmates, they could easily see into the restroom and observe a person performing bodily functions.

NOTE: After this concern was brought to the attention of administration, maintenance was notified. They installed an 8 inch frosted piece of mesh covering to the window. This prevented direct viewing by anyone standing in line while allowing for security checks by officers if they suspected the safety of the inmate or facility was at risk. The auditing team viewed the result. This auditor had another member of the auditing team stand inside the restroom (near the toilet) and this auditor concluded that sufficient privacy was now in place.

8. **Building 15 – Transitional Housing Unit:** This living unit has an open bay set up, and like Building 6, has a large open shower/restroom area. This area includes cameras in each corner of this area. Entrance into this area is through one door way that contains a swinging bar style" door. Monitors are located at the officer's stations for viewing. Female officers are assigned to this building and inmates interviewed stated they do announce themselves when performing security checks on the restrooms.
9. **Building 14 – Education:** Each classroom had a single bathroom present.
10. **Building 13 – Recreation/Canteen:** While inmates are using the recreation area, they are not allowed to use the restroom that is located in the area. This restroom is locked at all times and inmate workers are the only ones allowed to use it. They must get authorization from staff and only one inmate at time is allowed. The canteen area has one offender bathroom for inmate workers only.

11. **Housing Unit 1:** Shower areas have a half wall and swinging doors to allow for privacy. A half wall to allow for privacy also protects the toilet area.
12. **Housing Unit 5:** Shower areas are located in the upper level includes toilets located behind a half wall and swinging doors in front the shower. The shower/restroom area on the lower level has a plexi glass type wall facing the officers station which is frosted to prevent viewing from the officers' station.
13. **Building 8 – Segregation Unit:** Showers and changing areas have a curtain in place to prevent cross gender viewing. While the two man cells do have open toilets they are positioned in such a way that the officer has to have deliberate intent (outside of routine cell checks) to view them being used. It should also be noted that in this housing unit 60% of staff assigned to this post are male. If there is a strip out in the rotunda area of this unit, any female staff present must leave the area.
14. **Building 28 – Treatment Unit:** Each bay had showers and restrooms with barriers in place. Inmates assigned to the treatment unit are not allowed to be nude in bay area. Clothes must be changed in the shower/restroom to prevent cross-gender viewing.

NOTE: In several of the housing units cameras were found to in the shower and toilet areas, with some cameras facing the shower stalls. The auditing team expressed concern as the live feeds of these areas were being seen by any staff member at the officer station. Live feed access as removed from the officer stations. It was then learned that the only personnel having access to the live were the Warden, Assistant Warden (both male) and the Administrative Investigative Officer who is female. This still raised a concern as the female officer had access to live feed when not investigation an incident (per her duties.) The administration were quick to address this concern and issued the following memo dated January 25, 2017: "Effective immediately live feed from bathroom areas is to be removed from Laura Friesz' camera operations sign on. When an investigation regarding an incident that happened or may have happened in a bathroom needs review, the electronic technicians will be notified by the warden to grant access to the AIO for review and recording purposes. At the conclusion of her viewing/burning the footage for investigative purposes, the electronic technicians will be notified to remove access by the warden's office."

Auditor reviewed random housing logs verified that each log contained a cross gender announcement. Examples of cross gender documentation included the following language, "...PREA announcement made by COI..." or "COI...makes PREA announcement (There will female staff on duty tonight..."

This auditor also reviewed post orders from BCC. The post orders include this statement, "At the beginning of every shift, you will announce FEMALE STAFF WORKING IN OR VIEWING YOUR LIVING AREAS. YOU ARE TO UTILIZE PRIVACY BARRIERS WHEN NECESSARY. This announcement and the time it was made will be logged in the chronological log."

115.15(e) The facility has a policy prohibiting staff from searching or physically examining transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The policy SOP D1-8.13, Offender Sexual Abuse and Harassment, Section III, (C) (7c) states, "Staff members shall not perform strip – or pat-down searches or conduct physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center."

This is also prohibited in policy IS & SOP 11-34.1 Health Assessment and/or Physical Examination at Reception, page 5 and in IS & SOP 20-1.3 Searches, page 16. This policy reads, "The facility shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning the information as part of a broader medical examination conducted in private by the responsible physician."

Currently BCC has one transgender housed at the facility. Staff stated they were not allowed to pat search an inmate to determine their genitalia. Intake staff stated if there was a question on the genital status of an inmate, medical would conduct the physical search.

Also in policy IS & SOP 20-1.3 Searches, page 17, it reads, "Gender Unknown Through Pat Search: At the diagnostic center, if the gender of the offender is unknown, a female staff will be assigned to perform the pat search." On page 17 it also reads, "Transgender or Intersex Thorough Pat Search: When thorough pat searching a transgender or intersex male offender's upper torso, male staff member will utilize the male offender search technique."

115.15(f) Training requirements for cross-gender pat down searches of transgender and intersex offenders can also be found in SOP D1-8.13 Offender Sexual Abuse and Harassment, page 13. This policy states, "Staff members shall be trained in how to conduct cross-gender pat-down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs."

Auditor reviewed MDOC statewide lesson plan titled Institutional Searches dated October 2014. Instructions from cross-gender searches can be found on pages 13-14; the lesson plan reads, “As stated before, pat searches are preferable if conducted by same gender staff, but that is not always practical and a cross-gender search must be conducted. The cross gender search is comparable to a same gender pat search but when performed the officer will utilize the back of the hand to search the following areas: 1) chest or breast area, 2) sides, 3) armpits, 4) lower abdomen, and 5) buttocks. Please note a male officer search a female offender will only occur during an exigent circumstance. Policy IS20-1.3 states that an exigent circumstance is any set of temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.” At this point of the lesson plan, participants watch two training videos: “Thorough Female on Male” (7:40 minutes) and “Thorough Male on Female” (7:58 minutes).

Transcript for the Thorough Female on Male Pat Searches can be found on pages 16-17; the lesson plan reads, “Have the offender face you and have them open their mouth while examine it for contraband. Have the offender show you the front and back of their hands. Have the offender remove any loose braids or bunched hair and have the offender lean forward, as they run their hands/fingers through their hair for visual inspection. If the offender does not provide you with an acceptable inspection you may, with the use of protective gloves, search the offender’s hair. Have the offender show you the front and backs of their hands again; this will help prevent the movement of contraband between these areas. Have the offender turn around and approach the offender from behind, positioning yourself in a defensive stance at approximately 45 degrees angle. Instruct the offender to place their feet shoulder width or wider apart. Before you begin your search you must also remember to keep a visual on the offender and be mindful of your safety. Whenever searching an offender, no matter the gender, it is important to always be in a defensive stance and keep one hand placed on the back, shoulder or lower back of the offender. By keeping your hand on the offender you have a quicker reaction time to any sudden movements and the possibility of the offender becoming violent. Begin your search at the collar sliding the hand over the material. Using the palm of the hand, search the shoulder area and proceed along the top of the arm to the end of the shirt sleeve. Upon reaching the end of the sleeve use the back of the hand to search the underside of the arm. Slide the back of the hand along the under arm to the armpit. Using the back of the hand, slide it down to the offender’s waist. From the armpit, use the back of your hand and search down the offender’s side to the waistband. At the waistband, rotate the hand while simultaneously sliding it along the offender’s waistband until the fingers come to rest in the center of the back just above the waistband.”

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC has established procedures to provide disabled inmates and inmates with limited English proficiency equal opportunities to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

115.16(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C) 6, pages 10 - 11 state “The department shall provide PREA related education in formats accessible to all offenders including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department’s procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender’s native language. If the documents are unable to be translated as a recognized language the departments PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through the PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment.”

BCC provided examples of PREA Brochures and Acknowledgement Forms in the following languages: English, Japanese, Servo Croatian, Spanish, Vietnamese, Russian, Simplified Chinese, Traditional Chinese, Large Print and Braille. PREA posters were in English and Spanish.

Transcripts of the video, “Speaking Up,” from the National Institute of Corrections are available for the hearing impaired. They are available in English and Spanish.

IS/SOP 5-1.2, “Institution Receiving and Orientation”, Section III (B)(2)(dd), pages 3 and 4 reads, “***SOP: The Corrections Classification

Assistant (CCA) assigned to conduct PREA orientation with the offender will be responsible to identify offenders unable to understand the material normally presented. Whenever an offender needs PREA information formatted outside of the normal material provided an electronic message will be sent to the site coordinator for each instance noting the reason additional resources were needed with the name and number of the offender involved. Offenders assigned to reception and orientation will be provided PREA orientation to include the Offender Brochure on Sexual Abuse and Harassment and the PREA video the next working day following intake. Offenders assigned to segregation upon intake will be provided the Offender Brochure on Sexual Abuse and Harassment from the assigned case manager and will view the PREA video when assigned to the orientation unit prior to being placed in general population. The PREA Offender brochure is available in English, Japanese, Russian, Serbo-Croatian, Simple Chinese, Traditional Chinese, Vietnamese, Spanish, and large print via the department's PREA link. The staff overseeing orientation will make available upon request the appropriate brochure when needed.

IS/SOP 5-2.3, "Offender Internal Classification," Section III (D)(2), page 3 states, "****SOP: Offenders will not be disciplined or required to answer or disclose information related to disabilities, sexual orientation, victimization or perception of vulnerability. If determined during the assessment the offender appears to be at imminent risk to be a victim of sexual abuse the FUM will be immediately notified. The FUM will meet with the offender and ensure the offender is aware of reporting victimization procedures and feels safe in his present housing and work assignment. If question #12: *"Is the offender or does the offender appear to the rater to exhibit characteristics of a Gay, Lesbian, Bisexual, Transgender, Intersex, or Gender Nonconforming individual?"* or Question #11 regarding developmental, mental, or medical disability marked yes or the offender refuses to answer question #12 the case manager will notify the PREA site coordinator by e-mail."

PREA posters were located throughout the facility in English and Spanish.

Auditor reviewed the following contracts: Sign Language Interpretive Services (3/31/2017 and Verbal Language Interpretive Services (6/30/2017).

Random staff interviews indicated that staff was aware of other staff member that could be used as interpreters. The overall consensus on using offenders as interpreters can be summed up by this quote, "Only if the safety and security of the facility was a factor."

On the day of the onsite portion of the audit there were no inmates with limited English proficiency or were hearing or visually impaired housed at BCC.

It should also be noted that as part of all institutional basic training, staff receive a two hour course on special needs offenders. This course focuses on comparing and contrasting individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Staff will assess potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

115.16(c) Policy D5-5.1, Deaf and Hard of Hearing Offenders, reads, "The deaf or hard of hearing offender shall be offered the assistance of qualified interpreters and have other auxiliary aids expressed to them during the diagnostic process. The methods for requesting accommodations or modifications shall be reviewed with the offender. Deaf or hard of hearing offenders shall be advised of the request for reasonable accommodation from and how to obtain it. The waiver of certified and licensed interpreter will be reviewed with the offender. Medical staff shall complete the medical verification section of the request for reasonable accommodation form and consult with the caseworker and the Americans with Disabilities Act site coordinator to determine the appropriate accommodations for the offender."

The policy defines a qualified interpreter as a person certified and licensed by the Missouri Interpreter Certification System or deemed competent by the Missouri Commission for the Deaf. This policy does allow for inmates to obtain this certification. "The offender interpreters shall be educated and shall agree to keep all matters and information learned while performing interpretive services confidential. During medical and mental health evaluations, communication between patient and medical personnel is critical to the effectiveness of treatment, safety and security of the offender. Due the need to maintain confidence in medical and mental health evaluations, offenders will not normally act as sign language interpreters. As determined by attending medical staff, in cases of emergency where failure to communication would result in serious injury, illness or death, offender interpreters will be permitted."

When addressing counseling hearings the policy reads, "When either the offender or counselor seeks to discuss information that is confidential in nature, the offender may choose whether or not to use an offender interpreter."

The policy continues to read, "Qualified interpreters shall be made available for offenders who are deaf or hard of hearing and use sign language under the following circumstances...formal investigations conducted by the department staff to include PREA related claims..." In addition, it reads, "Staff shall work with the deaf and hard of hearing offender to determine the best means of communication that will be most effective in gathering accurate information."

It should also be noted that listed in the BCC's Coordinated Response is the following statement, "If an offender interpreter is utilized during this exigent circumstance, the shift commander will note such on the Notification Checklist. NOTE: No inmate interpreters have been used in this type of circumstance."

Standard 115.17 Hiring and promotion decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC has several policies in place that prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor, volunteer, or intern who has engaged in sexual abuse of an inmate.

115.17(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B), pages 7 – 8 states, “Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known that he has engaged in sexual abuse with an offender...”

A blank copy of the application for employment for BCC was provided to the audit team. The audit team was able to locate these three questions:

- While working or volunteering at this facility, were you terminated or otherwise disciplined or counseled for sexual contact with or sexual harassment of an inmate, detainee or resident of the facility?
- Have you pled guilty to or been found guilty of engaging in sexual activity or attempting sexual activity involving force or inflicted upon a person unable to give consent?
- Have you been found to have engaged in sexual activity or attempted sexual activity involving force or inflicted upon a person unable to consent, by a civil or administrative body? This includes actions taken upon a professional license or a professional registry and any internal administrative investigation results.

BCC provided documentation of background checks done on new hires and those employees up for promotion. Documentation was also provided showing previous employers were contacted regarding incidents of previous sexual abuse and sexual harassment of incarcerated individuals.

115.17(b) Policy D1-8.13 Offender Sexual Abuse and Harassment further states, “Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor...”

The human resource indicated that questions asking if applicants have ever worked in a facility governed by PREA include questions on sexual harassment. If they indicate “yes” on the application, it is investigated.

On the copy of the blank application (appendix 1) given to the audit team it reads, “Effective August 2013, the Department of Corrections must be compliance with final standards implementing the Prison Rape Elimination Act (PREA), issued by the U. S. Department of Justice. The following questions are being asked of all applicants who may have contact with offenders as part of their regular job or volunteer duties.” (The questions listed are cited under documentation for 115.17(a).)

115.17(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, also states, “Before hiring new employees the human resources staff members or designee shall perform a criminal background records check and contact all prior institutional employers when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse...”

The following hiring policies also have a PREA component: D2-2.1, Selection Procedure – Merit Appointments, page 8; D2-2.2 Background Investigations, pages 2, 4, 5; D2-2.8 Promotional Appointment, page 3; D2-2.10 Re-Employment Appointment, page 3; D2-13.1 Volunteers, page 6; D2-13.2 Student Interns, page 4. Each of these policies has the following statement, “A background investigation shall be conducted in accordance with the department procedure regarding background investigations.”

The human resource at BCC states that criminal background checks are done for all newly hired and returning employees.

115.17(d) D2-2.2, Background Investigations, defines a staff person as any person who is employed by the department on a classified or PREA Audit Report

unclassified basis (permanent, temporary, part-time, hourly, per diem) and are paid by the State of Missouri's payroll system; contracted to perform services on a recurring basis within a department facility (such as medical services, mental health services, education services, vocational services, substance abuse services, etc.) pursuant to a contractual agreement and has been issued a permanent department identification card; a volunteer in corrections; a student intern; or issued a permanent departmental identification or special access card or special access in accordance with department procedure regarding staff identification."

The facility's human resources reported background checks are done for newly hired and returning employees, contractors. She states the facility uses the Highway Patrol's System as well as MULES to conduct criminal record checks. She also states that employees have a duty to report any arrests. When it comes to reporting information on former employees who apply to work at other institutions, she states, "This is done through Central Office. They can look in the COIN system to see if this information exists."

115.17(e) D2-11.14 Annual Employment Requirements reads, "Each calendar year, in the month following each staff member's birth month, specific employment requirements verifications should be conducted; a criminal history check shall be conducted to include outstanding warrants..." The policy goes on to read, "Criminal history checks will be conducted and will consist of a query through the Missouri Uniform Law Enforcement System (MULES), and the National Criminal Information Center (NCIC) system. Staff members conducting the Missouri Uniform Law Enforcement System and National Criminal Information Center checks will document the name and title of the requestor and the reason for the request on the criminal history record log/printout. When adverse findings are not, the CAO will be notified and copied on the criminal history printout."

Policy D2-2.2 Background Investigations reads, "A check will be conducted on the active employee through Central Office Human Resources to inquire if there has been any formal discipline for substantiated allegation(s) of sexual abuse and/or harassment of an offender or resident. All sustained allegations will be considered by the department before an employee is considered for other appointments."

115.17(f) The auditor also reviewed the employee handbook. On page 18, "Employee Conduct – Reporting Criminal Misconduct (Arrest)" states, "Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest ranking staff member available. In this context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation."

The human resources stated that it specifically listed on their applications that all arrests are to be reported to the facility.

115.17(g) On page 45 of the employee handbook, "Employee Discipline," it states, "Appointing authorities of the Department are authorized by state law to discipline employees. Disciplinary action may consist of a written reprimand, suspension, demotion, or dismissal. The appointing authority may discipline an employee based upon unsatisfactory performance of job duties or misconduct...In addition to these actions while on duty, an appointing authority may discipline an employee for off duty misconduct, especially misconduct that is unprofessional or criminal. Employees who have been charged with a criminal offense may be suspended while the charge is pending."

115.17(h) Policy D2-5.1 "Maintenance of Employee Records", page 7, Section (III)(K)(3) states, "A verification of information, other than public information, will be made with a written authorization from the employee. Verification may include inquiries from prospective institutional employers pertaining to sustained allegations of sexual abuse and/or harassment of an offender or resident during employment by the department. Such information will be obtained by contracting central office human resources."

Standard 115.18 Upgrades to facilities and technologies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.18(a) N/A BCC has not acquired a new facility or made a substantial expansion to the existing facility since August 20, 2012. BCC last PREA audit was December 14, 2014.

115.18(b) BCC has installed and updated their video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. BCC's last PREA audit was December 14, 2014.

PREA Annual Report Protocol "At least once a year, the facility must evaluate their need for additional cameras and monitoring systems."

Auditor reviewed Security Camera Review Meeting minutes dated July 12, 2016. This meeting covered the review of a needs assessment that had been sent out to the functional unit managers and the Administrative Inquiry Officer regarding areas not supported by security camera coverage with appeared to be inadequate or non-existent.

BCC reported, "BCC has over 600 cameras to assist with monitoring of the current offender population. A review of all cameras was conducted. To meet PREA standards, bathroom and shower areas were removed from the monitors due to gender diversity of the staff. As a result, cameras in areas accessible by offenders ie: housing unit officer's desk, chapel, etc. had the live feed removed from those monitors. Those areas can only be viewed remotely by shift supervisors, administration and the investigator. Housing Unit one thru four: half doors were installed on the shower areas. Housing Unit five: the windows looking into bathroom are etched for distortion. Education: Top panel of the bathroom door changed to expanded metal for visibility. Bottom panels remain solid per PREA standards. Housing unit fifteen: camera was repositioned away from toilets. Food Service offender bathroom: camera was moved from direct view of toilet. Visiting room: strip search room; cameras were repositioned. Housing Unit #8 (segregation); cameras remained in place in the suicide cells for offender safety. Post order will reflect female staff will not be assigned to the bubble when an offender is assigned to suicide cell. An annual evaluation of cameras will be conducted every year in June. Major has indicated that a monitor room post should be created where all cameras will be monitored around the clock. This would be a gender specific post and would require FTE. This observation has been discussed among the administrative staff, however due to minimal assaults and/or PREA events and budget concerns; no request for purchase has been made at this time. This will be an agenda item for the next Major's meeting."

While touring the BCC it was noted that the facility had excellent camera coverage. Camera placement along with direct supervision of the staff reduced blind spots and enhanced the safety of the offenders housed at this facility.

Standard 115.21 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC is responsible for conducting administrative and criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). Investigations conducted at BCC follow a uniform evidence protocol. This protocol is also developmentally appropriate for youth.

Forensic medical exams are offered without financial cost to victims. All exams, where possible, are conducted by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners. If they are not available qualified medical professionals conduct the exams.

Qualified Staff trained as victim advocates are made available to all victims.

115.21(a) Auditor reviewed BCC's "Evidence Procedure Manual." Evidence collection is based on nationally recognized protocols for collection and preservation of evidence as discussed in the "A National Protocol for Sexual Assault Medical Forensic Examinations." The State PREA Coordinator reports, "We didn't use a specific source; we follow the national standards based on training received."

Corizon Health is responsible for providing all medical and mental health services to offenders placed in the custody of MDCO. They are responsible for conducting initial medical exams on all sexual abuse cases. Auditor reviewed the contractual requirements MDOC has with Corizon. On pages 42 and 43 of the contractual requirements, it reads "Corizon will comply with the Prison Rape Elimination Act of 2012 and will follow and enforce the MDOC's D1-8.14 Offender Sexual Abuse and Harassment policy with the assurance that access to medical and behavioral health care will be provided immediately, upon report or discovery, to victims of sexual misconduct. Corizon's medical and

behavioral health care staff will contribute to a coordinated response to all allegations of sexual abuse by relaying, to the designated MDOC administrative staff, information pertinent to the well-being of the offender(s) of for investigative purposes. Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treatment. Corizon has contracts and access through HealthLink for accessing SANE/SAFE providers. Appropriate follow-up for prophylactic treatment and referral to mental health staff will be completed upon return from the crises center.”

During the interviews of random staff all stated they would secure and separate the offenders. They explained they would not allow anyone to shower, get a drink or change clothes. They stated they would secure the scene and notify their supervisor. While some of the staff was not sure who was responsible for conducting the sexual abuse investigations, they all knew their role in preserving evidence.

115.21(b) Evidence collection is based on nationally recognized protocols for collection and preservation of evidence as discussed in the “A National Protocol for Sexual Assault Medical Forensic Examinations.” The State PREA Coordinator reports, “We didn’t use a specific source; we follow the national standards based on training received.” The State Coordinator also reports this protocol is appropriate for youth.

115.21(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (G) Health Services Care, pages 17 – 20, states “Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment. When conducting a medical assessment of any victim or alleged or suspected perpetrator of an incident of sexual abuse or sexual harassment health services staff members may not collect evidence but shall assist in the preservation of items related to the incident. Health services staff members should screen victims for obvious physical trauma, and at that time provide emergency medical care. If an allegation of offender sexual abuse is made within 72 hours of the event and consists of penetration of the mouth, anus, buttocks or vulva, of any kind, however, slight, by hand finger, object instrument or penis, the victim should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible, for gathering of evidence. If it has been greater than 72 hours since the alleged abuse, and the alleged victim has not showered, they should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible for gathering of evidence. Health services staff members should contact the shift commander and the community emergency room to arrange transportation to the emergency room in accordance with institutional services procedures regarding offender transportation, hospital and specialized ambulatory care. If the victim has showered and it has been more than 72 hours since the reported assault, the physician should determine treatment and whether or not the victim will be sent off site for a forensic exam. For investigative purposes, the investigator may choose to have the victim sent out for a forensic exam.”

Corizon has trained several of their nurses to conduct SANE exams in specific regions of Missouri. To date Corizon has 32 certified SANE nurses – BCC has one of these nurse assigned to the facility. The auditor reviewed the following information from the SANE Planning and Implementation Team Report:

“ The SANE Planning and Implementation Team was impaneled to ensure the agency’s coordinated response to sexual abuse is revised, staff from all divisions are aware of their role and responsibility when responding to allegations of sexual abuse and that the SANE protocol is successfully implemented in prisons across the state.

SANE Nurses:

- Corizon will maintain a list of SANE nurses by region: Northwest, Central and Southeast. The PREA Unit will post the most recent listing on the PREA intranet page and email the list to the facilities.
- All SANE nurses will be issued a “Special Access” identification to alert security staff that the nurse as been approved for work at multiple prisons.
- When arriving at a prison to conduct a forensic exam, the SANE will have a clear tote which contains materials necessary to conduct the forensic exam. The tote will have a laminated list of its contents on the top of the tote. The PREA Unit will post the most current list of the SANE tote contents on the PREA intranet page and email the list to the facility.
- Consent from the victim is required to conduct a forensic exam. If the victim does not consent to the exam, the victim will receive be offered medical, mental health and advocacy services. The investigation will proceed.
- The SANE will conduct the forensic exam which includes details of the abuse, digital photographs of any injuries noted during the exam, collections of biological evidence utilizing a sexual assault evident collection kit and the completion of the State of Missouri’s Sexual Assault Forensic Examination Program Report.
- It should be noted, that SANE Nurses will only collect forensic evidence from victims. Evidence from a perpetrator will be collected by the Office of the Inspector Gender by consent or court order.
- In the unlikelihood that a staff person is the perpetrator, the victim will be transported to a community hospital for the forensic exam.

Forensic Exams and Security:

- If a victim is escorted to medical in handcuffs, the handcuffs will be removed unless the victim’s behavior appears to present a safety concern for medical staff. In such a case, the shift commander has the discretion to require the offender to remain in cuffs

during the procedure.

- Privacy screens will be utilized during the forensic exam. The screen will afford the victim a degree of privacy while still allowing officer to hear and provide security during the procedure.

Flow of events:

- An offender makes an allegation of penetration.
- The shift commander is immediately notified and the coordinated response is initiated. Shift commander notifies the following staff by phone: CAO of the facility, CO Duty Officer, Investigator and PREA Site Coordinator.
- The offender is escorted to medical.
- If the event is alleged to have occurred within 120 hours, the offender has not showered or a forensic exam is otherwise indicated, the SANE protocol will be initiated.
- Medical will ensure the on call SANE nurse is notified and request the nurse's ETA. The SANE is required by policy to report to the facility within 3 hours of notification.
- Medical will communicate with the shift commander the name of the SANE nurse and the nurse's ETA.
- Shift Commander will notify the investigator, mental health staff and the advocate of the ETA of the SANE nurse.
- Where applicable, the community advocate will be notified. If the community advocate is unavailable, the chaplain on rotation will be call to report to the facility.
- The advocate will provide support to the offender prior to the forensic exam and during if requested.
- The investigator will conduct a brief fact gathering interview with the victim prior to the exam.
- Following the forensic exam, the victim will be assessed by mental health.
- The SANE nurse will give the camera to the investigator who will transfer the photos taken of the injuries noted during the exam to DVDs for the medical file and the investigative file.
- The SANE nurse will provide the investigator copies of all reports completed during the exam."

Effective September 1, 2016, cases involving the need for a forensic exam will no longer be out counted. In the past 12 months, no SANE exams have been conducted for BCC.

Beginning September 1, 2016, allegations of offender-on-offender penetration that require a forensic exam will be conducted in the facility. In the unlikelyhood that a staff person is the perpetrator or the victim has sustained significant injuries that require emergency care, the victim will be transported to a community hospital for the forensic exam. BCC Will utilize the University of Missouri hospital in Columbia, MO.

115.21(d)(e) In addition, policy D1-8.13, "Offender Sexual Abuse and Harassment," Section III (K) page 20, addresses Advocacy. It states, "Each facility shall offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention and be available during the investigative process. Each facility shall attempt to enter into a memorandum of understanding with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a memorandum of understanding with the advocacy center, the attempt shall be documented and advocacy services shall be sought from a community based organization qualified to provide such services. When the facility cannot successfully enter into a memorandum of understanding with an outside community service provider for offender victim advocacy services, a qualified staff victim advocate shall be provided. All staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. All services provided by staff victim advocates to offender victims shall be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee shall serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee shall ensure the continuity of advocacy services in the event the victim is transferred while receiving services."

BCC has attempted to contract with a local community advocate True North. Auditor reviewed an email dated October 23, 2014 from True North which states, "Per your request, I am sending you an acknowledgement that you met with True North staff several times in mid-2013. We discussed the possibility of signing an MOU and had a preliminary discussion on the protocols such an MOU would encompass. We had, in fact, gotten far enough along in our discussions that a tentative MOU was drafted (see email below). After meeting with our funders, however, we discovered a conflict with two of our major funding sources. We were, therefore, unable to accept the MOU or participate in your program at that time. Several months after the meeting mentioned below, I did attend an informational meeting set up by the Missouri Coalition Against Domestic Violence and Sexual Assault and facilitated by your staff. Again, we hoped we would be able to participate but were unable to do so due to funder requirements and financial restrictions. Thank you for taking the time to make sure we thoroughly understood the issues you face and the services you were requesting. I trust this communication will provide sufficient documentation that, indeed, you made significant attempts to involve our agency in PREA but we were, regretfully, unable to participate. Thank you." Due to BCC being unable to form collaborative partnership with this community provider, Chaplains at the facility have been trained by the Missouri Coalition against Domestic and Sexual Violence to be qualified staff advocates. (Auditor reviewed curriculum used to train Chaplains.) Facility also has established a PREA Advocate Availability Rotation Schedule.

During the tour of BCC information about outside emotional support services, such as Just Detention International, was posted throughout the facility.

Most of the inmates interviewed stated they were not aware they could have access to an advocate if a PREA allegation was reported.

RECOMMENDATIONS: It is recommended that offenders are re-educated about emotional support services available at the facility. One way this can be done is during meetings between offenders and their case managers. Case managers can have this information readily available in their offices if they receive a report that sexual abuse has occurred.

The audit did review a blank “Consent for Facility Advocacy Services.” Auditor also reviewed notes from a Chaplain acting as an advocate. These notes indicate the Chaplain outline what he could and could not do as an advocate and that he did sit in on the investigatory interview.

115.21(f) The Inspector General’s Office conducts all criminal investigations for the MDOC. Each facility has investigators assigned to them. BCC currently has two investigators. BCC is responsible for administrative investigations.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency ensures that administrative or criminal investigations are completed on all allegations of sexual abuse and sexual harassment. All allegations of sexual abuse or sexual harassment are referred to the Inspector General for review. They determine if a criminal investigation is to be opened. If they do not open a criminal investigation, the warden then refers the case for administrative investigation.

115.22(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (H) Investigations, page 20-21, states, “The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department’s intranet website...”

See also policy D1-8.4 Administrative Inquiries, page 6, reads “The offender sexual abuse coordinated response will be initiated on all allegations of offender sexual abuse or harassment, including anonymous and third party allegations, in accordance with the department’s procedure regarding offender sexual abuse and harassment...Allegations of category II or III behaviors will be processed in accordance with the department procedure regarding the investigation unit responsibilities and actions. Allegations of offender abuse related to pat searches will be handled in accordance with the PREA coordinated response protocol. The office of inspector general may conduct investigations associated with pat searches depending on the nature of the allegation.”

During the past twelve months, BCC received a total of 28 allegations of sexual abuse and sexual harassment. Of these cases 10 resulted in administrative investigations and 6 were referred for criminal investigations.

115.22(b) Policy D1-8.1 Investigation Unit Responsibilities and Actions define offenders’ sexual harassment by a staff member and staff member sexual misconduct. On page 7 of this policy it reads, “The facility shall report all allegations of sexual abuse, including third-party and anonymous reports, in accordance with the department procedure addressing offender sexual abuse and harassment. If the department receives notification from another agency that an offender alleges to be a victim of sexual abuse or harassment while incarcerated in the department, an investigation or inquiry may be conducted in accordance with investigation unit responsibilities and actions or administrative inquiries procedures.”

115.22(c) Policy D1-8.13 Offender Sexual Abuse and Harassment can be found on MDOC website at <http://doc.mo.gov/OD/PREA/php>

Standard 115.31 Employee training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC trains all employees who have contact with inmates on the 10 elements identified in this standard.

115.31(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (4), page 8, covers training requirements for new staff, current staff, part-time employees, volunteers, contract staff members and vendors. "All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years, in which an employee does not receive training, the department's PREA coordinator shall provide current information on sexual abuse and sexual harassment policies. Part-time employees, volunteers and contract staff members shall receive PREA specific training to their classification as determined by the appropriate division director and chief of staff training. Vendor contractors shall be escorted by a staff member at all times or shall receive PRA training prior to entering the facility. Contracted residential facilities shall ensure all staff are trained on PREA as outlined in the residential contract. Work release supervisors shall receive specific PREA training during their offender work release procedure training."

Auditor reviewed the following curriculum: Basic Training, dated November 2013; and PREA 2014 Refresher Training. Both the Basic Training and the Refresher Training curriculum contained the 10 elements required in this standard.

All staff interviewed during this audit was able to describe major portions of the training they received on PREA.

115.31(b) Policy D1-8.13 Offender Sexual Abuse and Harassment also reads, "All new staff member who shall be placed at a male facility will receive Working with the Female Offender training prior to being placed on post. A staff member shall receive additional training if they are reassigned from a facility that houses only male offender to a facility that houses only female offenders. A staff member shall receive additional training if they are from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional training occurred more than two years prior to the time of assignment."

Policy D2-2.13 Transfer of Employees (E), page 6, covers training requirements for staff that transfer between facilities.

115.31(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (B) (4) reads, "All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years, in which an employee does not receive training, the department's PREA coordinator shall provide current information on sexual abuse and sexual harassment policies." From January 2012 to December 2013, 440 BCC employees and contractors have received the PREA Refresher Training. From January 2015 to March 2016, 507 BCC employees and contractors have received the PREA Refresher Training.

Auditor was also advised, "The department utilizes several avenues to ensure staff are kept informed about sexual abuse policies and practices between trainings. The department's policy and procedure unit is responsible for forwarding all new and revised policies to all staff. MDOC ensures the PREA intranet page is kept up to date. This page is readily available to all staff and contains all things PREA." (Auditor was provided an example of what this page looks like.)

115.31(d) Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, "All completed PREA trainings shall require a PREA Acknowledgement form or PREA basic training acknowledgement form stating the staff member understood and completed the training. This form shall be routed through the facility-training officer or regional training coordinator. The facility training officer or regional training coordinator shall send the original PREA acknowledgement form to the central office human resources personnel for retaining in the employee's personnel file..."

Standard 115.32 Volunteer and contractor training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

115.32(a)(b) Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, "Part-time employees, volunteers and contract staff members shall receive PREA specific training to their classification as determined by the appropriate division director and chief of staff training. Vendor contractors shall be escorted by a staff member at all times or shall receive PRA training prior to entering the facility. Contracted residential facilities shall ensure all staff are trained on PREA as outlined in the residential contract. Work release supervisors shall receive specific PREA training during their offender work release procedure training."

Auditor reviewed the following curriculums:

- PREA Basic (This is the same training that all staff receive.)
- Volunteers in Corrections Basic Training (6 hour course)
 - This course teaches volunteers to identify the characteristics of a PREA victims and perpetrator and how discrimination and harassment may affect the workplace.
 - From January 1, 2015 – December 31, 2015, 15 volunteers received this training.
- Offenders Work Release Supervisor Training (5 hour course)
 - This course teaches signs of offender sexual abuse and to identify appropriate responses to be taken by staff when there is an allegation of sexual abuse. In March 2016, 26 participants completed this course and the auditor found signed acknowledgments for every participant.
- The Profession of Corrections and PREA (2 hour course)

While interviewing contract staff, they reported they receive PREA training from the facility.

115.32(c) Auditor reviewed random acknowledgements of receiving and understanding the Annual PREA Refresher from records maintained by BCC. The auditor reviewed eight random acknowledgements signed by Corizon staff and three acknowledgements signed by work-release staff.

Standard 115.33 Inmate education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC provides information to inmates at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and harassment.

115.33(a) Memo from Director of Division of Adult Institutions, dated 4/11/2012 to all Wardens discussed PREA – Offender Education. This memo stated that “Speaking Up” video must be shown during formal orientation at all Reception and Diagnostic Facilities and again when they arrive at mainline facilities. They must also receive the PREA brochure “Offenders Sexual Abuse: What you need to know.”

Auditor toured the BCC intake area was taken through the intake process. Intake staff stated that PREA information is provided to all offenders on the day they arrive at BCC even though they have up to 72 hours. They do not leave intake without watching the PREA video. They are also given a brochure at this time.

When talking with inmates at BCC, all stated they watched the PREA video and received PREA information upon arrival. They could not remember exactly what it was; however, they do remember talking about PREA.

From November 2015 to November 2016, 2,156 offender have been received at BCC and received PREA education material.

115.33(b) Policy IS/SOP 5-1.2, Institution Receiving and Orientation, page 4, states, “***SOP: The Corrections Classification Assistant (CCA) assigned to conduct PREA orientation with the offender will be responsible to identify offenders unable to understand the material normally presented. Whenever an offender needs PREA information formatted outside of the normal material provided an electronic message will be sent to the site coordinator for each instance noting the reason additional resources were needed with the name and number of the offender involved. Offenders assigned to reception and orientation will be provided PREA orientation to include the Offender Brochure on Sexual Abuse and Harassment and the PREA video the next working day following intake. Offenders assigned to segregation upon intake will be provided the Offender Brochure on Sexual Abuse and Harassment from the assigned case manager and will view the PREA video when assigned to the orientation unit prior to being placed in general population. The PREA Offender brochure is available in English, Japanese, Russian, Serbo-Croatian, Simple Chinese, Traditional Chinese, Vietnamese, Spanish, and large print via the department’s PREA link. The staff overseeing orientation will make available upon request the appropriate brochure when needed. ee). Crime tips and PREA hotline information, ff). information regarding the probability of staff members of opposite gender being present in the living areas at all times. Offenders should utilize barriers and cover themselves accordingly in common areas...”

BCC also provided examples of chronological notes in the inmate’s file indicating when this education was provided. Auditor also reviewed eight signed inmate acknowledgments.

115.33(c) Auditor reviewed an email sent out to all Site Coordinators from the Statewide PREA Coordinator on August 12, 2013. This email contained the following directive: “Don’t forget that sometime between August 8 and August 13, every offender in your facility must receive a PREA brochure and sign the acknowledgement form. I have attached the memo that you received during the meeting that will outline how to order additional brochures or acknowledgment form. Also...we learned during the DAI meeting that everything can be purchased with canteen funds.”

115.33(d)(f) Policy D1-8.13 Offender Sexual Abuse and Harassment Section III (C) 6, page 12, discusses Offender Education must be provided in the native language of the inmate and in formats that deaf, visually impaired or otherwise, can understand. It also states, “Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If the documents are unable to be translated in the offender's native language the department's PREA site coordinator or designee shall work with additional staff to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through the PREA posters, the offender rulebook and the offender brochure on sexual abuse and harassment in accordance with the institutional services procedure regarding diagnostic center reception and orientation.”

BCC provided examples of PREA brochures and posters in the following languages: English, Japanese, Serbo Croatian, Spanish, Vietnamese, Russian, Simplified Chinese and Traditional Chinese. Brochures are also available in large print and braille. There are also written transcripts of the video “Speaking Up for Female Offenders” in English and in Spanish.

Throughout the tour the audit team viewed PREA informational posters in all living units and other areas inmates gathered. These posters were in English and Spanish.

115.33(e) Auditor reviewed twelve random inmate acknowledgement forms from August 2015 to February 2016. Auditor also reviewed information placed on BCC inmate television outlining the zero tolerance policy and how to report a PREA allegation or concern.

Standard 115.34 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Agency maintains documentation of such training.

115.34(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (5), page 8, states, "All new investigators and administrative inquiry officers (AIOs) or designee assigned to investigate sexual abuse allegations shall receive specialized PREA Training by the designated inspector general's office staff members."

115.34(b) Auditor reviewed the curriculum "Investigating Offender Sexual Abuse in Confinement Settings," 36 hour course designed for Inspector General staff and Investigators. This curriculum was last revised September 24, 2012 and covered the following topics:

- Techniques for interviewing sexual abuse victims (Module 4 "Investigating Allegations of Sexual Abuse," pages 12 – 16)
- Proper use of Miranda and Garrity (Module 2 "State Laws and Policies" pages 22 – 26)
- Criteria and evidence required to substantiate a case for administrative or prosecution referral (Module 4 "Investigating Allegations of Sexual Abuse" page 8 -11 and pages 18 -30)

This training curriculum also included a module titled "Mock Crime Scene Investigations" wherein participants took what they learned in previous modules and applied it in a practice setting.

115.34(c) The auditor reviewed training logs from January 2013 through September 2014 and found that 56 investigators had been trained statewide. The Investigators also signed acknowledgments stating they received and understood this training. This training roster included the investigators assigned to BCC.

Standard 115.35 Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC has a policy related to training of medical and mental health practitioners who work regularly on its grounds. They do not provide forensic examinations. Regional SANE nurses provide forensic exams from Corizon.

115.35(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) page 9, states, "Medical and mental health staff members shall receive annual specialized PREA training."

Auditor reviewed curriculum "PREA Specialized Medical/Mental Health Professionals" dated September 2012. This course is worth four

hours and covers the following topics:

- How to detect and assess signs of sexual abuse and sexual harassment (pages 17 – 19)
- How to preserve and physical evidence of sexual abuse (pages 20 -22)
- How to respond effectively and professionally to victims of sexual abuse (page 23)
- How to and whom to report allegations and suspicions (page 15 – also addresses mandated reporting)

During this training, participants also viewed an eleven minute film titled “Maintaining Professional Relationships with Offender.” After viewing this film, participants were required to sign an acknowledgement form stating they viewed and understood the film.

115.35(b) N/A The medical staff at the facility to not conduct forensic exams.

115.35(c)(d) Auditor reviewed training information that 26 medical and mental health employees received a PREA refresher. Medical/Mental Health Staff states their staff is required to attend the CORE training provided by the facility. Staff interviewed articulated what was provided in training and were able to discuss their responsibility as mandated reporters. Each staff member interviewed was able to explain BCC’s coordinated response.

Standard 115.41 Screening for risk of victimization and abusiveness

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC has policy that addresses risk assessment screening upon admission to their facility as well as addresses reassessment requirements.

115.41(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C), pages 10 -11, states “Facilities shall assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure...Offenders shall be assessed within 72 hours of arrival. Offenders shall be reassessed within 30 days of arrival.”

The time frame for administering the Internal Risk Assessment is also found in IS & SOP version of 5-2.3, Offender Internal Classification. On page 3, Section C (1), states, “Once an offender is received at the reception and diagnostic center, staff members will have seventy-two hours to complete an internal classification. In this same policy on page 4 in Section D (2) states, “CCM’s will conduct a new internal classification within 72 hours at that facility and the offender will be housed in accordance with their new internal classification score.”

Intake staff advised that the risk assessment tool is given to all arrivals within 72 hours, unless they sign the refuse to participate form. Intake staff also report that these inmates are also reassessed at the 30 day mark to see if any changes have occurred. (Auditor did reviewed an example of “Refusal to Participate” form that inmates can sign if the refuse to participate in the risk assessment. Inmates are also told that no sanctions will be given for refusal to participate.)

Inmates that were interviewed states they remembered being asked a “bunch of questions” at when they were at intake. They reported they were asked about prior sexual abuse, if they had ever been incarcerated before and if they were gay or bisexual

There were 2,157 inmates entering BCC within the past 12 months were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. All assessments were completed in a timely manner and according to standards.

115.41(c)(d)(e) Auditor reviewed BCC’s risk screening tool and found all 10 elements in this standard were covered. Auditor also reviewed random assessments and found that they were completed within 72 hours of intake and also conducted another random sample of 30 day reassessments and found they were completed within the required time frame. This tool has been adopted by MDOC and is used in all of their state operated facilities.

Auditor also reviewed the “The Adult Internal Risk Assessment Manual” which contained relevant information on how to complete the internal risk assessment. For example this manual contained information found in agency policy for example information on reassessment requirements can be found on page 8 and on page 9 a user can find information on how to interview an offender to obtain the information necessary to accurately completing the assessment. The manual was well laid out, provided explicit instructions on how to score the assessment and included screen prints on how to enter the assessment into the facility’s database.

All offenders are assigned one of the three following scores:

- Alpha – high potential for sexual perpetration
- Kappa – not a high risk for either sexual victimization or perpetration
- Sigma – high risk for sexual victimization

During the interview with a staff member who performs screening for risk of victimization and abusiveness, they reported the screening too takes into account medical issues, disability, have they been a victim, have they been in prison/jail before, their age, weight, and type of offenses they have committed. They stated this assessment is done when they arrive at intake.

115.41(f)(g) Policy IS5-2.3, Offender Internal Classification, reads, “CCM’s will complete a second internal classification within 30 calendar days of the offender’s arrival to the facility...”

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (C)(1), pages 10, states “The offenders risk level shall be reassessed when warranted due to referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offenders risk of sexual victimization or abusiveness.”

Also on page 4 of this same policy in Section D (3) it states, “A second internal classification will be completed within thirty calendar days of the offender’s arrival at the reception and diagnostic center, if they have not been transferred. If there is a change in the offender’s internal classification score a case manager will review the offender’s housing assignment to determine if a change in bed assignment is required. If an assignment change is required, this must be made on the same day the internal classification is completed. Any time an offender is returned to a diagnostic center this process will be repeated.”

115.41(h) Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, “...The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment.”

The Adult Internal Risk Assessment Manual also states, “...The Case Manager should attempt to complete the assessment to the best of their abilities. The Case Manger should note in sections requiring offender response “refused to participate” and answer no to those questions. Offenders cannot be disciplined for refusing to answer questions...”

115.41(i) On pages 4 and 5 of Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, outlines how the internal classification scores will be documented. In Section (F) it states, “(1) Upon completion of the internal classification process, a printout of the results will be placed in the offender’s classification file in accordance with institutional services procedures regarding classification files and will be maintained in accordance with the departmental procedure regarding record retention. (2) CCMs will enter the offender’s internal classification score into the department computer system along with the date of internal classification and their employee identification number in accordance with the internal classification manual.”

The Adult Internal Risk Assessment Manual also states, “Click on Assessment Listing (Do not print the final formed version of the assessment). Find the assessment in the Assessment Listing screen for the offender. Click on the file folder icon in the assessment line. This will bring up another window with the assessment summary. Click on the printer icon at the top of the assessment.

Only case managers have access to the information found on the risk assessment. It was reported that line staff do not have access to this information. Intake staff also reported that there is limited access to the information obtained. They also stated that this is in policy.

Standard 115.42 Use of screening information

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC uses the information from the risk screening required by 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Each determination is based on the individual. BCC has three classifications: Sigma (high risk for sexual victimization), Alpha (high potential for sexual perpetration) and Kappa (not a high risk for either sexual victimization or perpetration).

Housing and program assignments for transgender or intersex inmates in the facility are made on a case by case basis.

BCC has policy in place that outlines the make-up and actions of a transgender committee. This committee consists of administrative staff, medical/mental health professionals, and the inmate to discuss the needs, housing, shower, and safety issues of the individual. **In the past twelve months there has been no transgendered inmates assigned to BCC so no meeting has taken place.**

115.42(a)(b) Policy IS5-2.3 Offender Internal Classification, Section III (C) Diagnostic Centers, page 1, states "The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines." On page 2 of this same policy reads, "Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities.

In this same policy on page 3, housing based internal classification is addressed. It states, "Upon completion of the internal classification, the offender will be housed according to his score in accordance to the internal classification manual. Whenever possible, sigmas should be celled with sigmas and alphas with alphas. If an offender does not have an internal classification score he should be housed with a kappa with similar demographics until the offender internal classification instrument is completed."

IS & SOP 18-1.1, Required Activities, page 5, Section III (B) (4), states, "Housing unit staff members will utilize the internal classification information to designate required activities assignments for the purpose of keeping separate and/or ensuring the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working or attending programming together in accordance with institutional services procedures regarding offender internal classification. Housing unit staff members will review internal classification information and forward it to the required activities' supervisor prior to the offender's start date at the required activity."

On page 6 of this same policy, states, "The Required Activities Coordinator will notify the work supervisor of the offender's internal classification information. The work supervisor is responsible for knowing the internal classification of their workers and assign tasks in such a manner to ensure the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working. Internal classification information shall not be used by any staff member to preclude placement of an offender in a required activity."

SOP D1-8.13 Offender Sexual Abuse and Harassment, page 12, "All housing, cell, bed, education, and programming assignments for transgender or intersex offenders shall be made in accordance with the institutional services procedures regarding offender housing assignments and programming assignments."

Site Coordinator stated that information from the assessment tool is used to determine housing, education and programs. He stated it is the policy and practice of BCC not to house potential victims with potential aggressors.

An example of housing assignments was found in a memo dated March 25, 2106 from BCC Assistant Warden to all staff responsible for offender cell assignments. The subject of the memo was "CDV #7 Cell Assignments." The memo states, "Effective immediately, offenders who have been found guilty of a CDV #7.1 Forcible Sexual Misconduct will be housed accordingly. We must make every effort to assign offenders with others who have compatible risk scores. In an effort to do this, please ensure offenders who are classified as Alpha are not celled with an offender whose Adult Internal Risk Score is Sigma. It is possible to run a report in OPII that will indicate all offenders at BCC who have received and been found guilty of a CDV#7.1. Please ensure that you run this report on a weekly basis and that all offenders who have been found guilty of forcible sexual misconduct are celled appropriately as outlined above..."

BCC provided examples of these reports from various housing units. Housing units' rosters were also reviewed to determine if this practice was currently being followed.

115.42(c)(d)(e)(f)(g) Policy IS & SOP 5-3.1, Offender Housing Assignments, also outlines the Transgender Committee. The policy reads, "Each institution shall convene a transgender committee to determine and review an offender's classification on a case by case basis. A

transgender or intersex offender's own views with respect to his or her safety shall be given serious consideration. The transgendered committee should meet and have a written recommendation completed within 10 working days of the offender's arrival at the facility. The recommendation should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the prison rape elimination act (PREA) coordinator for review and approval. A response should be made back to the transgender committee within 10 working days. The transgender committee's approved written decision shall be maintained in the offender's classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee will review the housing assignments every six months following the initial determination. Reassessments can be done more frequently as needed on a case by case basis. Transgender or intersex offenders shall be given the opportunity to shower separately from other offenders as outlined by SOP."

SOP D1-8.13, Offender Sexual Abuse and Harassment, page 11, states "Housing assignment for transgender and intersex offenders shall be made on a case-by-case basis by the institutional transgender/intersex committee or designee of the community confinement facilities to ensure the health and safety of the offender in accordance with the institutional services procedure regarding offender housing assignments and the probation and parole procedure regarding risk assessment and housing assignments."

IS & SOP 5-3.1 Offender Housing Assignments, pages 4 -5 addresses Transgender Housing Assignments. It also states, "The transgender committee is responsible for determining a permanent housing assignment for each transgender or intersex offender, and prior to this assignment shall meeting with each offender to determine his vulnerability within the general population and length of time living as the acquired gender. Transgender and intersex housing assignments shall not be made based solely on genitalia by must consider the offender's health and safety and the security of the facility through a review of the respective classification, medical and mental health records."

A copy of the template the Transgender Committee would use to determine housing was also reviewed by the auditor.

The Site Coordinator reported that BCC does not have a designated wing to house transgender or intersex inmates. She stated that if a transgender or intersex inmate would be assigned to their facility, they would be offered separate shower times.

Standard 115.43 Protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC has policy that prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. In the past 12 months, there has been no inmate placed in involuntary segregation.

115.43(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, (F) Segregated Housing in Institutional Setting, pages 17 -18 states "Following an allegation of offender sexual abuse or if an offender is assessed at being high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include:

- (1) Return to assigned housing.
- (2) Temporary reassignment of staff members.
- (3) Assignment to another housing unit.
- (4) Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim).

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander shall note on the PREA notification checklist the reason no

alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. Offenders who are victims and/or perpetrators in an alleged PREA event will be kept out of sight and sound from each other and be placed in separate wings. If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody."

Policy IS21-1.1 "Temporary Administrative Segregation Confinement" states, "Offenders may be placed in temporary administrative segregation confinement upon recommendation by any staff member and approved by the shift commander when an offender is an immediate security risk....there is an urgent need to separate the offender from others for his/her safety or that of others..."

The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours is zero.

On the day of the audit there were no inmates being held in segregation based on high risk for victimization. The auditor did review three PREA allegation notifications that have been completed in the past 12 months. In looking at the housing placement recommendations, all indicated that alleged victim would remain in the original housing units. Only alleged perpetrators were removed.

Staff reported that the typical response is not to segregate the victim. They stated if involuntary segregation would be used to protect a victim, they would follow agency policy. They reported it is not to be longer than 48 hours and they do their best to make sure programming would continue. Staff reported that everything is documented and becomes a part of the classification hearing that is held.

Staff that works in the segregation unit stated victims that request segregation are there less than 30 days unless they (the victim) request a longer stay.

Random interviews of inmates revealed a common theme. All stated they would not report being a victim of sexual abuse because they would "immediately go to the hole." They reported they have seen it happen multiple times.

RECOMMENDATION: The auditor spoke to administration about the perception the inmates have of being placed "in the hole" when they report sexual abuse or harassment. After much discussion, it is believed that inmates are in fact seeing the coordinate response and the victims are being separated out for interviews and trips to medical and/or mental health. It is recommended that Functional Unit Managers and Corrections Case Managers talk with the inmates in their living units and stress that victims are not punished for reporting sexual abuse and harassment

The auditor could not find documentation to support this claim. The auditor reviewed all investigatory files on site. Upon review of these files, there were no instances where the victim was involuntarily placed in segregation. All housing documentation indicated that victim remained in their housing unit.

115.43(b) BCC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

115.43(c) BCC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

115.43(d) BCC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

115.43(e) BCC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

NOTE: Auditor reviewed MDOC's Segregated Housing for Protective Custody which outlines the an assessment of all alternative housing choices (least restrictive housing) must be conducted prior to placing a victim in segregated housing for protection and that victims of sexual abuse ordinarily not be held in segregated housing for longer than 30 days.

Standard 115.51 Inmate reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC has established multiple procedures for allowing inmates internal ways to report sexual abuse or sexual harassment privately to the facility or to an outside entity. Inmates may report via an informal resolution request, to a staff member, PREA hotline, advocacy agency, or to the Department of Public Safety, Crimes Victims Services Unit. Third party reports are also accepted by BCC.

As of the date of this audit, BCC does not have any offenders who are detained solely for civil immigration purposes.

115.51(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, "Reporting Sexual Abuse or Harassment," pages 14 states, "Each facility CAO's or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff neglect, and violation or responsibilities that may contributed to an incident of offender sexual abuse, to include but not be limited to: informal resolution request (IRR), grievance process, or offender complaint, to a staff member, PREA hotline, advocacy agency, and Department of Public Safety, Crimes Victims Services Unit. All allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure."

Auditor reviewed the offender brochure on "Offender Sexual Abuse and Harassment" which is given out at intake. This brochure outlines the ways inmates can make reports of sexual abuse and sexual harassment. It reads, "Report the abuse to any staff member either verbally or in writing as soon as possible, whether the alleged incidence involved you or not. Call the department's confidential PREA hotline. You can do so at any offender phone by listening to the prompts and pressing "8" or dialing (573) 526-PREA (7732). Write to the Missouri Department of Public Safety, Crime Victims Services Unit, P.O. Box 749, Jefferson City, MO 65102. If you are assigned to a community release center or community supervision center, you may report sexual abuse using the above guidelines or call the PREA hotlines at (855) 773-6391.

Staff was able to articulate the various ways inmates can report sexual abuse and sexual harassment. They stated that all reports are taken seriously. They also advised that they could also call the PREA hotline and make a report. They advised this information was in their employee handbook.

Inmates interviewed were also able to articulate the various ways they could make a report including calling the hotline, telling staff and/or family members. Although they were aware of the PREA hotline, many felt that it was not anonymous. They also reported they felt most staff took reports seriously and they felt safe at BCC.

Information was posted on bulletin boards throughout the facility and in the housing units advising inmates on how to make reports of sexual abuse.

115.51(b) Auditor reviewed the MOU with the Missouri Department of Public Safety. Missouri Department of Public Safety's responsibilities include initiating a SharePoint application that can be shared by DPS and DOC. The DPS shall receive written correspondence of allegations of offender sexual abuse and harassment. All written correspondence received by the DPS shall be assigned a tracking number. The DPS shall record in the SharePoint application the date of the written correspondence is received, the name of the institution, the name of the victim if known and the date the letter is forwarded to the DOC. The DOC shall record in the SharePoint application the date offender letter is received and any action taken. This MOU is ongoing from the date of the final signature until such time as it is deemed unnecessary by either party. The MOU was signed July 25, 2013.

115.51(c) SOPD1-8.13, Offender Sexual Abuse and Harassment, page 14, states, "All allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure. ***SOP: All verbal reports received, offender or staff, will be requested in writing and forwarded to the shift supervisor by the end of the staff member's shift or prior to leaving the institution. Offender's verbal statements should be documented by staff receiving the statement noting the date and time the offender made the statement and what immediate action was taken."

Auditor reviewed 31 PREA Notifications made by an anonymous report, a third party report, and telephone monitoring and staff members. BCC initiated their coordinate response promptly according to their policy and PREA national standards.

115.51(d) Policy D1-8.9 Crime Tips and PREA Hotlines, page 5, Section III (C) states, “For staff, the department has established a separate crime tips hotline to anonymously report criminal activity, offender sexual abuse, or offender sexual harassment and is received in the office of inspector general. These calls may be answered by a staff member in the office of inspector general or in cases of afterhours calls, the caller may leave a message and a return phone number should they wish to be contacted. Information regarding hotline use for staff will be posted conspicuously in areas routinely accessible to all staff members.”

Staff Tips Hotline posters are throughout the facility and are located in the officer work areas, staff newspaper and on the MDOC intranet home.

Standard 115.52 Exhaustion of administrative remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC has an administrative procedure for dealing with inmates grievances regarding sexual abuse. This procedure also allows them to submit a grievance at any time regardless when the incident occurred. If their grievance is against a staff member, they are not required to submit their grievance through that staff member. BCC also outlines, through policy, where grievance cannot be filed.

BCC also requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 70 days of the filing of the grievance. According the pre-audit questionnaire, the agency reported that in the past twelve months, four grievances have been filed. Three of these grievances have been closed and one remains pending at the time of audit.

115.52(a)(b)(c) Policy D5-3.2 Offender Grievance, pages 17-19 addresses PREA Informal Resolution Request, Grievance and Appeal. The following are portions of this policy that supports this standard:

Time limit

- “The department shall not impose a time limit on when an offender may submit a complaint regarding an allegation of offenders’ sexual abuse.”

Informal Process

- “The department will not require an offender to use the informal grievances process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse.”
- “Informal resolution request alleging sexual abuse will be processed normally with the exception of the following: A response should be completed as soon as practical, but no later than 30 calendar days of receipt.”

Against a Staff Member

- “A staff member who is subject of the complaint should not be the respondent.”

Grievance Process

- “Offender grievances alleging sexual abuse will be processed normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt, and, computation of the 30 day time period will not include the days between the offender’s receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee.”
- “Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt, and, computation of the 30 day time period will not include the days between the offender’s receipt of the offender grievance response and receipt of the offender grievance appeal

by central office grievance staff members. Appeals will be referred to the deputy division director or designee, and, an extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided.

- “At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of the offender grievance process”

Third Party Reporting:

- “Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution.”
- “When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing.”
- “Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry.”
- “When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry.”
- “The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf.”
- “If the offender declines to have the request process on his behalf, the case manager shall document the offender’s decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes.”
- “If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure.”

Emergency Informal Resolution Requests

- “Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry.”
- “If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form.”
- “Emergency informal resolution requests will be processed as follows:
 - The offender will request an informal resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure.
 - When a staff member receives the completed informal resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately.
 - Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site coordinator to make the determination if the informal resolution request should be handled as an emergency.
 - The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response.
 - A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form.
 - The initial and final response for the informal resolution request shall document the department’s determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request.
 - If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure.”

Policy D1-8.13 Offender Sexual Abuse and Harassment, Page 13 - 14, states “The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse...nor impose a time limit”

Policy D1-8.9 Crime Tips and PREA Hotlines, page 4, Section III (A)(1a) states “The hotlines will not be utilized for complaints, grievances or other unrelated purposes.”

SOPDI-8.13 Offender Sexual Abuse and Harassment, page 14, addresses exhausting administrative remedies. It states, “The department shall

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not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit on when an offender may submit a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, administrative inquiries, and investigation unit responsibilities and actions. The department shall ensure that an offender who alleges sexual abuse may submit a complaint to a staff member who is not the subject of the complaint and the grievance or complaint is not referred to a staff member who is the subject of the complaint. Staff members are to address grievances or complaints for allegations of sexual abuse and harassment in accordance with the department procedure regarding offender grievance, administrative inquiries, and investigation unit responsibilities and actions.”

Policy D5-3.2 Offender Grievance, page 6, Section III, (E)(2b)(1) states, “Upon approval of the division director or designee, a conduct violation may be issued for threats. This conduct violation will not be viewed as retaliation reprisal.” Also on page 6, Section III (E)(4a)(1) it states, “When there is evidence to support an unfounded allegation, the CAO or designee will issue a conduct violation and the CAO or designee will issue a letter of limited filing status.”

Auditor also reviewed the following training provided at statewide meeting regarding grievances, “PREA and the Grievance Process.”

Auditor also reviewed BCC Grievance PREA Tracking Logs from 2015 and 2016.

115.52(d) At this time BCC has not had any grievances where a final decision was not reached within 90 days.

115.52(e) BCC reports they have had no third party grievances filed within the past year.

115.52(f) BCC reports they have had no emergency grievances filed pursuant to this standard.

Standard 115.53 Inmate access to outside confidential support services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC provides inmates with outside access to victim advocates for emotional support services related to sexual abuse by providing mailing addresses to Just Detention International (JDI) and Rape, Abuse and Incest National Network (RAINN). They also inform inmates prior to given them access to outside supports, the extent to which such communications will be monitored. BCC was unable to enter a MOU with a community provider.

115.53(a)(b) D1-8.13 Offender Sexual Abuse and Harassment, page 19, covers the procedure during the initial assessment with mental health when there is an allegation of sexual abuse and harassment. It states, “During the initial assessment, mental health treatment interventions will be discussed with the victim by the QMHP and will include options such as individual and/or group therapy. The QMHP will explain and offer advocacy services to the alleged victim offender. Advocacy will not be offered for allegations of sexual harassment. The QMHP will document the offender’s acceptance or refusal of advocacy services in the electronic medical record. If the offender refuses advocacy services the QMHP will have the victim sign the refusal of treatment - no show form. If the offender requests an advocate, the QMHP will notify the PREA site coordinator.”

Auditor reviewed the Notice to Offenders Assigned to Administrative Segregation Reporting Allegations of Sexual Harassment. This notice outlined how inmates in Administrative Segregation can still have access to outside emotional support services. Inmates in BCC’s Administrative Segregation can contact JDI, RAINN as well as Missouri Department of Public Safety. They are given the addresses and are instructed they do not have to place their return address on the envelope.

It should also be noted that the advocacy posters also state, “Be aware: Per department policy, mail will be subject to examination and phone call may be monitored.”

Interviews with inmates resulted in mixed responses in when it came to the discussing availability of advocates. Most stated they knew they were available but was unsure how to access them if needed.

RECOMMENDATION: Have the Case Managers re-educate inmates when they meet with them: just as staff need PREA refreshers so do inmates. Have them do a brief PREA refresher that covers reporting and advocacy availability.

115.53(c) BCC currently does not have an Advocate Agency that can provide emotional support services. An email dated October 23, 2014 to the Statewide Coordinator states, "Per your request, I am sending you an acknowledgement that you met with True North staff several times in mid-2013. We discussed the possibility of signing an MOU and had a preliminary discussion on the protocols such an MOU would encompass. We had, in fact, gotten far enough along in our discussions that a tentative MOU was drafted (see email below). After meeting with our funders, however, we discovered a conflict with two of our major funding sources. We were, therefore, unable to accept the MOU or participate in your program at that time. Several months after the meeting mentioned below, I did attend an informational meeting set up by the Missouri Coalition Against Domestic Violence and Sexual Assault and facilitated by your staff. Again, we hoped we would be able to participate but were unable to do so due to funder requirements and financial restrictions. Thank you for taking the time to make sure we thoroughly understood the issues you face and the services you were requesting. I trust this communication will provide sufficient documentation that, indeed, you made significant attempts to involve our agency in PREA but we were, regretfully, unable to participate. Thank you."

Standard 115.54 Third-party reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC provides a method to receive third party reports of inmate sexual abuse or sexual harassment. Family members can make report via information found on MDOC website. They can either email or make a phone call.

115.54(a) Policy SOPD1-8.13 Offender Sexual Abuse and Harassment, Section III (D)(2), page 14 states, "All allegation including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlines in this procedure."

Auditor verified that reporting information is on the MDOC website. The URL is <http://doc.mo.doc/OD/PREA.php>. This site has an email address and a phone number available to the public.

Standard 115.61 Staff and agency reporting duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC requires all staff to report immediately any knowledge or suspicion of any incident of sexual abuse or sexual harassment. This is also in their policy.

115.61(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, page 7, “The CAO or designee shall control the dissemination of sensitive information related to offender sexual abuse to ensure the offender is not exploited by staff members or other offenders. Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members shall inform offenders of the practitioner’s duty to report at the initiation of services. Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions.”

Policy D2-11.10, Staff Member Conduct, not only states that staff members must obey all laws but on page 7, Section III, (D1&2) states, “Staff members having knowledge of any instances of offender or resident abuse or sexual contact with an offender or resident shall immediately report such to the inspector general in accordance with the department procedures regarding offender physical abuse and offender sexual abuse and harassment. Staff members must immediately report any misconduct through the appropriate chain of command. If there is reason to believe that any staff member in the chain of command may be involved in the alleged misconduct, the staff member should report the matter to the next higher level of management in the department.

BCC requires all staff to report immediately any knowledge or suspicion of any incident of sexual abuse or sexual harassment. This is also in their policy.

Staff members interviewed reported they have a duty to report. They also reported are just as liable for failing to report sexual abuse and sexual harassment as they would be for failing to report any crime.

115.61(c) Policy D1-8.13 Offender Sexual Abuse and Harassment reads, “Medical and mental health staff members shall inform offenders of the practitioner’s duty to report at the initiation of services.”

115.61(d) Policy IS11-32 Receiving Screening Intake Unit, page 5 addresses procedure if the alleged victim is under the age 18 or considered to be a vulnerable adult. The policy states, “Health services staff members shall obtain informed consent from offenders in accordance with institutional services regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. If the offender is under the age of 18, a health service staff member shall report the allegation to the designated local Children’s Division, Department of Social Services under applicable mandatory reporting laws.”

Auditor also reviewed Missouri Revised Statutes, Chapter 217, Department of Corrections, Section 217.410. 1 which states, “When any employee of the department has reasonable cause to believe that an offender in a correctional center operated or funded by the department has been abused, he shall immediately report it in writing to the director.”

Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.005.1, defines a vulnerable person as “any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program.”

Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.163.1, defines mandatory reporting requirements as “Any person having reasonable cause to suspect that a vulnerable person presents a likelihood of suffering serious physical harm or is the victim of abuse or neglect shall report such information to the department. Reports of vulnerable person abuse received by the departments of health and senior services and social services shall be forwarded to the department.”

115.61(e) Policy D1-8.13, Offender Sexual Abuse and Harassment,” page 13 states, “All allegations including anonymous, third party, verbal, or allegations made in writing will be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure.” Page 16 states, “All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist”.

BCC also provided a copy of their PREA Coordinated Response to Offender Sexual Abuse.

Standard 115.62 Agency protection duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC acts immediately if they learn that an inmate is subject to a substantial risk of imminent sexual abuse. In the past twelve months, there have been no inmates that have been reported to be subject to substantial risk of imminent sexual abuse.

115.62(a) SOPD1-8.13, Offender Sexual Abuse and Harassment, page 20, under Segregated Housing in Institutional Setting states, "If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units."

Administrative staff stated that the expectation for all staff is to act immediately if they become aware of an offender being in imminent danger of sexual abuse. This involves beginning the facility's coordinate response and separate the victim from the alleged perpetrator. The warden also stressed staff are use the least restrictive housing available to secure the victim. The facility's goal is to keep the victim separate from their reported abuser.

Random staff reported that if such an incident would occur they would immediately secure the alleged victim for safety purposes and contact their supervisor.

BCC reports there have been no incidents in the past 12 months where the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

Standard 115.63 Reporting to other confinement facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility that the Warden must notify the head of the facility where the sexual abuse is alleged to have occurred. Notification is to be made as soon as possible but no later than 72 hours after receiving the allegation.

They also have a policy that states that allegations received from other facilities are investigated in accordance with PREA standards.

116.63(a)(b)(c)(d) Policy D1-8.13 Offender Sexual Abuse and Harassment, page 16 states, "Upon receiving information that an offender has been sexually abused while assigned at another facility the coordinated response for offender sexual abuse will be immediately initiated as outlined in this procedure. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA coordinator. The PREA coordinator will ensure notification to the facility is made with 72 hours."

BCC reported that in the last twelve months they have not received any reports from incoming or current inmates that abuse occurred at another facility.

BCC stated, "In the event that a report is received that an offender was sexually abused or harassed while housed at another facility, the issue is referred to the shift supervisor who will immediately assess the offender's need for protective custody. The shift supervisor will complete PREA Audit Report

the PREA notification checklist. In addition, the PREA Site Coordinator notifies appropriate Staff Members at the facility in which the abuse took place, will be notified immediately via electronically.”

BCC reported that in the last twelve months they have received no reports from another agency regarding sexual abuse reported to have happened at their facility.

Interview with facility administration revealed that any notification BCC receives would be sent to the site coordinator who then sends information to the Inspector General. Administration advises that the Inspector General will make the determination if an investigation would be opened.

Standard 115.64 Staff first responder duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC has a Coordinator Response in policy that outlines the duties of a first responder. This coordinated response has all four components listed in this standard.

115.64(a) Auditor reviewed BCC’s Coordinated Response that is a part of policy D1-8.13 Offender Sexual Abuse and Harassment located on page 17. This part of the policy states, “Staff member first responder shall:

- Ensure the safety of the victim.
- Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable.
- Make immediate notification to the shift commander or shift supervisor.
 - In the event of an allegation of a penetration act, the shift commander or shift supervisor shall make telephone notifications and respond as outlined in the divisions' coordinated response to offender sexual abuse protocol.
 - In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol.
- Shift supervisors will copy the email notification with the PREA checklist attachment to necessary WRDCC mental health staff. Shift supervisors will complete and forward (via email and hard copy) the Referral and Screening Note-Health Services form to the mental health staff.”

Auditor reviewed the lesson plan for PREA Basic Training, pages 21 –23 covers first responder responsibilities. It breaks down the First Responder responsibilities by type of event. The three events covered include allegation of penetration that has happened within 72 hours, all other penetrations and allegations of non-penetration events.

Staff all stated that as a first responder they responsibility is to separate the victim from the abuser, allow neither one of them to shower, get a drink or change clothes. They stated they would then call their supervisor who, in turn, contacts the investigators. Staff would also secure the scene and would not allow anyone to enter until the investigators arrived and took control. When asked if they would allow the Warden to enter the area, the answers were mixed. Those who said they would allow the Warden in the area stated they would document that the entrance had occurred.

115.64(b) All staff are considered to be first responders and are to follow the coordinated response found in D1-8.13 Offender Sexual Abuse and Harassment.

When talking with contractors, they stated if they were the first to respond to a sexual abuse allegation they would keep the victim safe and notify staff immediately.

Standard 115.65 Coordinated response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC has developed a coordinated response to all sexual abuse incidents.

115.65(a) The coordinated response to offender sexual abuse covers the following topics:

- Role and Responsibilities of Shift Commander, Site PREA Coordinator, First Responder, Mental Health, and Medical
- Exceptions to the protocol

SOPD1-8.13 Offender Sexual Abuse and Harassment includes a section on coordinated response on pages 16 and 17. It states, "CAO or designee shall coordinate actions taken by first responders, medical, mental health, investigators, and administrators in response to all allegations of offender sexual abuse and harassment as outlined in the divisions' coordinated response to offender sexual abuse protocol. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. The coordinated response will be completed and distributed as outlined in the Coordinated Response Completion Guide (SOP Reference E) as well as the Coordinated Response to Offender Sexual Abuse (Institutions) protocol (SOP Reference F). Offender/staff interpreters for non-English speaking victims/perpetrators can only be utilized in an exigent circumstance when the event is first reported until an outside interpreter can be arranged. If the allegation is reported directly to a facility administrator the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist.

Staff member first responder shall:

- Ensure the safety of the victim.
- Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable.
- Make immediate notification to the shift commander or shift supervisor.
 - In the event of an allegation of a penetration act, the shift commander or shift supervisor shall make telephone notifications and respond as outlined in the divisions' coordinated response to offender sexual abuse protocol.
 - In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol.
 - Shift supervisors will copy the email notification with the PREA checklist attachment to necessary WRDCC mental health staff. Shift supervisors will complete and forward (via email and hard copy) the Referral and Screening Note-Health Services form to the mental health staff.
- Upon receiving information that an offender has been sexually abused while assigned at another facility the coordinated response for offender sexual abuse will be immediately initiated as outlined in this procedure. If the alleged abuse occurred at a facility outside the Missouri Department of Corrections, the notification checklist will be forwarded to the department's PREA coordinator. The PREA coordinator will ensure notification to the facility is made within 72 hours.
- A coordinated response will be initiated as outlined in this procedure for all allegations of offender sexual abuse that are received from facilities outside the Missouri Department of Corrections."

Administrative staff articulated all components of the facility's coordinated response to sexual abuse and harassment. The expectation outlined by the administration is that every employee should be knowledgeable of the coordinated response and execute the response when needed.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has a labor agreement with Missouri Corrections Officers Association that ends 9/30/2018.

115.66(a) Policy D2-11.6, Labor Organization, page 4 states, "Per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted."

On page 2, Article 2, Management Rights of Labor Agreement between the State of Missouri Office Administration, The Department of Corrections Division of Adult Institutions and Missouri Corrections Officers Association (MOCOA) states, "The right to hire, assign, reassign, transfer, promote and to determine hours of work and shifts and assign overtime."

Standard 115.67 Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC has policy in place to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation from retaliation by other inmates or staff.

In the past twelve months there have been reports of retaliation against staff or inmates.

115.67(a)(b)(c)(d) Policy D1-8.13 Offender Sexual Abuse and Harassment, page 14 outlines the protection from retaliation for inmates and staff in the following manner:

- Inmates:
 - The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation.
 - Immediately following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner:
 - The alleged victim and reporter of offender sexual abuse or harassment shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation.
 - For offender victims and offender reporters, monitoring shall include face-to-face status checks by staff members a

minimum of every 30 days.

- The assessment/retaliation status check form shall be used during each of the assessment interviews.
- If the victim or reporter expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded.

- Staff

- The PREA site coordinator or designee shall monitor all staff reporters of offender sexual abuse or harassment for a minimum of 90 days. Monitoring shall include but is not limited to monitoring for changes that may indicate retaliation, negative performance reviews, or reassignments.
 - The assessment/retaliation status check form shall be used during each of the assessment interviews.
- The PREA site coordinator or designee shall ensure all witnesses receive an initial assessment utilizing the assessment/retaliation status check form.
 - Witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring.
 - The witness shall sign the assessment/retaliation status check form showing they have no concerns regarding potential retaliation.

This policy also states, “The PREA site coordinator shall report all evidence of retaliation to the CAO to ensure an inquiry or investigation is initiated in accordance with department procedures. If possible retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual. The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation and/or possible victims of retaliation be offered emotional support services. Emotional services for offender victim, reporters, or witnesses include but are not limited to, case management or referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff reporters or witnesses included but are not limited to, employee assistance program, peer action and care team referral, and/or chaplain referral. All action taken to remedy retaliation or services offered victim or suspected victim shall be noted on the assessment/retaliation status check form. In the event that a victim, offender reporter, or a witness is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment/retaliation status check form to the PREA site coordinator in the receiving institution. The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure. The PREA site coordinator shall ensure the completed assessment/retaliation status check form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring will continue. If released to a field probation and parole office, monitoring will stop. In the event the allegations are determined to be unfounded the agency shall terminate monitoring.”

BCC provided an example of “Assessment/Retaliation Status Checklist” form and also provided example of monitoring for retaliation spreadsheet which had twenty cases listed. These twenty monitoring examples show check-ins averaging once every 30 days. All examples reviewed indicated “no harassment or retaliation was reported.” It should also be noted that during the retaliation monitoring advocate services were offered to the offenders and no offenders requested these services.

Standard 115.68 Post-allegation protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC has policy that prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made. In the past twelve months, there have been no inmates placed in involuntary segregated housing.

115.68(a) SOPD1-8.13, Offender Sexual Abuse and Harassment, pages 19 and 20, under Segregated Housing in Institutional Setting states, “Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include:

- Return to assigned housing.
- Temporary reassignment of staff members.
- Assignment to another housing unit.
- Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim).

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. When an offender is believed to be in substantial risk of victimization, the shift commander will assess the offender to ensure housing in the least restrictive housing. If TASC is determined to be the least restrictive housing the shift commander will note on the TASC order the offender is being placed in Segregated housing due to a PREA risk. The offender will be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator will review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing will not ordinarily exceed a period of 30 days. Every 30 days, the offender will be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody. Administrative and criminal investigation reports will be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention. ***SOP: BCC does not have a protective custody unit and all offenders assigned to TASC as a PREA risk will be evaluated initially via the TASC order and the PREA notification checklist. This will be repeated again with the offender within 72 hours by the administrative segregation committee and, if assigned to segregation, will be evaluated every 30 days by the administrative segregation committee. The administrative segregation committee should note on the Classification Hearing Form (SOP Reference A) the need for further separation and any programs, academic education, or services not provided during the period as a result of the offender's confinement in segregation."

BCC's PREA Segregation Checklist is as follows, " _If the offender is an alleged **victim of sexual abuse**, all Classification Hearing forms **MUST** note his current work, school, and program assignments the offender will be unable to attend while being housed in segregation. If the offender is missing a class due to his confinement in segregation, the Classification Hearing form should say **how many** times they meet per week or if it is known he has been dropped from the program due to prolonged absence; that should be documented. _If the offender's confinement is continued, the Classification Hearing form must document the **reason** assignment to segregation was continued. _After the initial hearing the offender should be scheduled for a review date the same as a protective custody status offender and be seen again in 3 weeks. Offender alleged victims and perpetrators will not be housed on the same floor in segregation. Offender alleged victims and perpetrators will not receive recreation or other services at the same time where they would be in contact.

BCC reports, "BCC has not had any offender victims placed in segregation due to a PREA investigation during this reporting period."

Standard 115.71 Criminal and administrative agency investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Inspector General conducts all criminal case investigations at BCC. Administrative agency investigations are also conducted at BCC.

115.71(a) Policy D1-8.1 Investigation Unit Responsibilities/Actions, page 5, Section III (A) (2) (3) states, "The department maintains a zero tolerance policy against offender abuse and offender sexual abuse. The PREA also prohibits sexual misconduct by staff members against an offender and offender against an offender. All such allegations will be thoroughly reviewed for potential investigation. The investigation unit, under the jurisdiction of the inspector general's office, is the investigative unit of the department. This unit conducts investigations in

response to reports of violations of Missouri state law and serious violations of department procedure at all facilities throughout the state. The unit works closely with federal, state and local law enforcement agencies and the other divisions within the department to ensure criminal violators are prosecuted. The department may pursue prosecution of any staff member or offender who violates state law.”

Page 7 of this same policy states, “The facility shall report all allegations of sexual abuse, including third-party and anonymous reports, in accordance with the department procedure addressing offender sexual abuse and harassment.”

Page 10 of this same policy, Section H, outlines the investigators responsibilities. The policy states, “All investigators shall aid and assist in investigations as directed, and to the limit permitted, by the responsible law enforcement agency and the inspector general or designee. Investigators may be assigned outside their normally assigned region to assist in statewide investigations. Investigators shall conduct investigations into all allegations assigned for investigation promptly, thoroughly, and objectively. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical, DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of behavior involving the alleged victim and suspected perpetrator. Medical records or information related to offender sexual assaults and uses of force may be obtained from facility medical practitioners without authorization from central office. The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as an offender or employee. Investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attach copies of all documentary evidence where feasible. Administrative investigations shall include an effort to determine whether staff member actions or failures to act, contributed to the behaviors being alleged. The departure of the alleged abuser or victim from employment or control of the department shall not provide a basis for terminating the investigation. When an investigation reveals probable cause that an offender or staff member has committed, or is suspected of committing, an act in violation of local, state or federal law, the investigator conducting the investigation shall note in the investigative report that the case will be forwarded for prosecution consideration, and submit a request for prosecution packet. The prosecution packet will include at a minimum: the investigation report written by the investigator, a probable cause statement completed by the investigator that conducted the investigation, all relevant documentation associated with the investigation, and other information deemed necessary by the prosecuting attorney’s office having proper jurisdiction...CAOs shall impose no standard higher than a preponderance of the evidence in determining whether allegations of offender sexual abuse are substantiated.”

115.71(b) Auditor reviewed the training roster from “PREA Specialized Investigator Training” dated January 1, 2013 through September 20, 2014. The roster showed that 56 investigators statewide received this training during that time frame. In October of 2014 17 investigators also attended this training.

115.71(c) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, “All investigators shall aid and assist in investigations as directed, and to the limit permitted, by the responsible law enforcement agency and the inspector general or designee. Investigators may be assigned outside their normally assigned region to assist in statewide investigations. Investigators shall conduct investigations into all allegations assigned for investigation promptly, thoroughly, and objectively. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical, DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of behavior involving the alleged victim and suspected perpetrator. Medical records or information related to offender sexual assaults and uses of force may be obtained from facility medical practitioners without authorization from central office.”

In the past 12 months there have been no investigations involving a SANE exam other evidence at BCC.

115.71(d) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, “When an investigation reveals probable cause that an offender or staff member has committed, or is suspected of committing, an act in violation of local, state or federal law, the investigator conducting the investigation shall note in the investigative report that the case will be forwarded for prosecution consideration, and submit a request for prosecution packet. The prosecution packet will include at a minimum: the investigation report written by the investigator, a probable cause statement completed by the investigator that conducted the investigation, all relevant documentation associated with the investigation, and other information deemed necessary by the prosecuting attorney’s office having proper jurisdiction...CAOs shall impose no standard higher than a preponderance of the evidence in determining whether allegations of offender sexual abuse are substantiated.”

BCC had one sustained allegation of offender sexual abuse and one referral for prosecution for staff on offender. This staff member was charged in February 2016.

115.71(e) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, “The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as an offender or employee.”

115.71(f) Policy D1-8.4 Administrative Inquiries, page 5, Section III, (A) states, “Any staff member having direct or indirect knowledge of a potential category I or IV behavior shall immediately notify the CAO by submitting a report of incident, or memorandum, through the chain of command. A copy of all reports of harassment, sexual misconduct, discrimination, or retaliation should be sent to the employee relations supervisor. Staff members must fully cooperate with all administrative inquiries and must fully and truthfully relate their knowledge of all

facts pertaining to the alleged behavior under review. Staff members who are the subject of a criminal investigation are not required to provide incriminating information about their own misconduct. However, in all other cases, staff members must fully cooperate with any investigation or administrative inquiry and truthfully relate their knowledge of all facts.”

Pages 5 and 6 of this same policy discuss when an administrative inquiry may be conducted. This policy states, “An administrative inquiry may be conducted when a staff member may have been engaged in category I behaviors, or an offender may have been engaged in category IV behaviors. When the CAO receives information that a staff member may have been engaged in category I behavior, the CAO shall review the information and determine the appropriate course of action... The offender sexual abuse coordinated response will be initiated on all allegations of offender sexual abuse or harassment, including anonymous and third party allegations, in accordance with the department’s procedure regarding offender sexual abuse and harassment. Based on the circumstances of the allegation, the CAO may immediately remove or reassign the staff member from having contact with the offender pending the outcome of an investigation, or the determination of whether and to what extent discipline is warranted, or if there is reason to believe the offender is being retaliated against by the staff member.”

Administrative staff report all administrative cases are assigned by the Warden. Administration advised that requests for investigations are referred to the inspector general’s office and they in turn make the determination if an investigation is going to be opened

115.71(g) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, “Investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attach copies of all documentary evidence where feasible.”

115.71(h) BCC had one sustained allegation of offender sexual abuse and one referral for prosecution for staff on offender.

115.71(i) Auditor reviewed the Agency Records Disposition Schedule and found that records are retained for 50 years.

115.71(j) BCC had one instance during the reporting period a staff member was referred for prosecution. This staff member was charged in February 2016.

NOTE: Investigative staff stated they have received specialized PREA training and was able to explain what they covered in training including the discussion of DNA collection, Miranda, Garrity and interviewing victims. Investigative staff stated that all investigations are written in report form. They interview victims, alleged perpetrators, witnesses as well as review any video surveillance that is available. Staff also stated that they look at the totality of the investigation before making a determination. They do not look solely on the credibility of the victim. Investigations are not terminated until all facts and evidence is gathered. Staff stated they do not terminate an investigation when the alleged perpetrator leaves the facility. (This includes staff.)

Auditor reviewed all investigative files at the facility. Investigators interviewed victims, witnesses and the alleged perpetrators. These investigations also included an anonymous report through their Crime Tips hotline. All reports were very thorough and done in a timely manner.

Standard 115.72 Evidentiary standard for administrative investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC imposes no higher standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

115.72(a) Policy D1-8.4 Administrative Inquiries, page 8, Section III (C) (9) states, “No higher standard than a preponderance of evidence in determining whether allegations of sexual abuse are substantiated.”

BCC also provided all investigatory files for this auditor to review. Auditor reviewed all cases of PREA allegations of inmate on inmate

sexual harassment and staff on inmate sexual abuse. All reports were well written and thorough. They included interviews with the victim, alleged perpetrator and witnesses. All cases were closed within 60 days.

Investigative staff stated they do not impose a higher standard of a preponderance of the evidence. They reported they take their investigations seriously and that sexual abuse and harassment is not tolerated.

Standard 115.73 Reporting to inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC has a policy requiring that any inmate who makes an allegation that she suffered sexual abuse is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The Inspector General's office conducts all criminal investigations and BCC conducts administrative investigations.

115.73(a)(c)(d)(e) Policy D1-8.13, Offender Sexual Abuse and Harassment, Reporting Outcomes, pages 23 and 24 states, "Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA coordinator shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification or the alleged sexual abuse by staff notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment. The initial notification shall state whether the allegation was substantiated, unsubstantiated, or unfounded.

In the event that the investigation was conducted by an outside agency, the office of the inspector general shall request relevant information from the outside agency in order to inform the offender of the outcome of the investigation. All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs unless the inquiry or investigation is unfounded:

- (1) Staff perpetrator is no longer assigned to the housing unit.
- (2) Staff perpetrator is no longer employed at the institution or department.
- (3) The staff perpetrator has been indicted on a charge related to sexual abuse within the institution.
- (4) A disposition of charges exists related to sexual abuse within the institution.

Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs.

- (1) The offender has been indicted on a charge related to sexual abuse within the institution.
- (2) A disposition of charges exists related to sexual abuse within the institution.

The departmental PREA coordinator shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender. If the investigation or inquiry involved offender-on-offender sexual abuse or harassment that was substantiated or unsubstantiated, written notification shall be delivered to the offender victim in a confidential manner. The offender shall be offered the notification letter but shall have the right to decline the letter. The original notification shall be signed by the offender or resident and witnessed by a staff member. The original notification shall be forwarded to the department's PREA coordinator for tracking. A copy of the notification shall be provided to the offender. The date the notification letter is delivered to the offender shall be documented in the chronological section of the offender's classification file. In the event the offender is no longer housed in an institution, community release center, or community supervision center the duty to report ends."

Administrative staff reported that it is in policy that all offender victims are notified of the outcomes of their PREA cases. Investigative staff reported that notifications are made and also reported that this is part of policy.

In the past 12 months, 28 criminal and/or administrative investigations of alleged inmate sexual abuse were completed by BCC and investigators. Of these cases, two required notifications to inmates. These notifications were made per this standard and per policy.

115.73(b) N/A BCC is responsible for conducting administrative investigations and the Inspector General's Office has investigators inside the facility to conduct criminal investigations of alleged sexual abuse and sexual harassment.

Standard 115.76 Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC has procedures in place to discipline staff for violating agency sexual abuse and sexual harassment policies. In the past 12 months, there has been one staff member disciplined under this policy. This staff member was terminated and charged in district court in February 2016.

115.76(a)(c)(d) Policy D2-11.10 Staff Misconduct, page 4, Section III (A) (14) states, "In order to pursue organizational excellence staff members are expected to adhere to the following professional principles and conduct...report inappropriate actions, misconduct, offender or resident abuse, and sexual contact by staff members and offenders or residents to appropriate personnel."

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (N), page 27 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement."

115.76(b) BCC reports one staff member has been terminated in the past twelve months following a substantiated investigation for sexual abuse.

Standard 115.77 Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In the past 12 months, there have been no contractors or volunteers engage in sexual abuse of inmates.

115.77(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment (Page 27 of SOP version) states, "Corrective action for contractors and volunteers: Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to

relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility shall take appropriate measures and shall consider whether to prohibit further contact with offenders in the case of any other violations.”

Policy D2-13.1 Volunteers, page 11 -13, Section III (G) states, “All volunteers will be familiar with and adhere to the standards for professionalism, conduct, and job performance in accordance with the department policy and procedures regarding employee standards and staff member conduct. All offender sexual abuse and harassment allegations that occur in a department facility involving a volunteer will be referred for investigation. Volunteers may be subject to disciplinary action and/or termination. When disciplinary action is recommended, the volunteer supervisor shall submit documentation to the volunteer site coordinator outlining the reasons for such actions.

The volunteer site coordinator shall provide the CAO with the recommendation and documentation. If the volunteer is a multi-location volunteer, the volunteer site coordinator requesting the disciplinary action shall provide a copy of the documentation to the volunteer site coordinator at the home base location and/or all other additional locations. If the CAO concurs, and the discipline requires suspension, the volunteer will be suspended and notified in writing within 5 working days that he is suspended and that the recommendation for disciplinary action is being sent to the volunteer services coordinator. The CAO shall forward a recommendation for disciplinary action to the supervisor of department volunteer services with all pertinent documentation. The volunteer services coordinator shall determine what, if any, disciplinary sanctions are warranted. Within 10 working days of receipt of the recommendation, the supervisor of department volunteer services shall provide written notice of discipline sanctions to the volunteer, CAO, volunteer site coordinator, and volunteer supervisor at all locations where the volunteer was approved to provide services...”

Administrative staff stated that all contractors and volunteers are subject to the same policies as regular employees when it comes PREA. Staff stated volunteer and contractors are expected to abide by the zero-tolerance culture of the facility. They reported they would be barred until the investigation is complete. If they it is found to be substantiated, they would be terminated and not allowed back in the facility.

Standard 115.78 Disciplinary sanctions for inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

At BCC inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. The facility will offer therapy, counseling or other interventions to interrupt that type of behavior. If an inmate makes a report in good faith, there will no disciplinary action.

115.78(a)(b)(c)(d)(e)(f)(g) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (M), pages 24 and 25 state, “Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender’s disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The disciplinary process shall consider whether an offender’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The mental health notification memo (SOP Reference H) will be completed and forwarded to mental health staff for completion prior to concluding the disciplinary hearing. If found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff member, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders will not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions.”

Policy IS&SOP 19-1.1 Conduct Rules and Sanctions, Section II (Definitions) pages 1 and 2 state, “If the rule violation is a major violation, is

serious in nature, threatens the safety and security of the institution, is for sexual misconduct, or involves the destruction of state or offender property the employee should immediately fill out a Conduct Violation Report (Attachment A) and not use an informal sanction.” This policy also defines sexual activity as “Any sexual act; intentional touching, whether done by a foreign object or by physical human contact of a sexual part of another or of self, regardless of whether such touching is consensual, kissing, or fondling; or physical or verbal conduct of a sexual nature.”

This policy also defines forcible sexual misconduct as “Using force, coercion or threats of force to obtain the compliance of another in any type of sexual activity.” It defines sexual misconduct as “Engaging with another in any type of sexual activity; Engaging in the self-touching of one’s sexual parts in view of others and inappropriately exposing one’s sexual parts to others.”

BCC provided a copy of a memo dated August 1, 2013 that was addressed to all Wardens and the subject was “PREA Protocols.” The memo stated, “The date for full compliance with PREA standards is rapidly approaching. When fully implemented, our facilities will be better equipped to detect, prevent, and respond to incidents of offender sexual abuse and harassment. During our DAI Staff meeting yesterday, we discussed the PREA protocols that will move the department towards compliance with the PREA standards. While the procedure revisions are pending, we are implementing the PREA protocols, which were provided to you yesterday, as outlined below: To be implemented for PREA incidents that occur from this day forward: Segregated Housing for Protective Custody, Disciplinary Sanctions and Mental Health...”

BCC reported they one incident where an offender was issued a conduct violation for sexual contact with staff after finding that the staff member did not consent to such contact. This offender was also placed in segregation for 30 days as a result of this violation.

BCC states that inmates are not punished for making a PREA allegation especially if it is made in good faith. Administration reported this is in MDOC policy.

After visiting with mental health staff, it was reported they do not get the mental health referral until have an inmate is found guilty of sexual misconduct. They also advised there are no consequences if the inmate chooses not to participate in services.

116.78(c) Auditor reviewed the Disciplinary Sanction Sheet that outlined the disciplinary process for forcible sexual abuse. This process outlines the responsibilities of the Adjustment Hearing Board as well as a Qualified Mental Health Professional. The process also states, “PREA mandates that the disciplinary process consider whether an offender’s mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, shall be imposed. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. In this process it also states that an offender will not be issued a conduct violation for sexual misconduct involving a staff member unless the sexual activity is forced upon the staff member by the offender. In addition it states a report of offender sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation or the allegation is unfounded.”

Standard 115.81 Medical and mental health screenings; history of sexual abuse

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Inmates housed at BCC are offered follow up meetings with medical or mental health professionals if they disclosed any prior sexual victimization. This is also offered to inmates who have previously perpetrated sexual abuse. Informed consent is obtained from inmates unless they are under the age of 18.

115.81(a)(c)(d) SOP DI-8.13 Offender Sexual Abuse and Harassment, page 10, Section III (C) (5), page 12, states, “If the screening indicates that an offender has experienced prior sexual victimization, whether it occurred in a correctional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

***SOP: Staff completing the assessment shall indicate on the assessment that mental health services were offered and whether accepted or declined in the notes/comments. If question #4 *“At any time, have you ever been the victim of sexual abuse?”* is answered “yes” there must be a comment added regarding mental health services. The case manager conducting the initial adult internal risk assessment will notify the ICMH and the PREA site coordinator to ensure a follow-up meeting is scheduled when the offender agrees to accept services. If the screening indicates that an offender has previously perpetrated sexual abuse, whether it occurred in a correctional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

***SOP: Staff completing the assessment shall indicate on the assessment that mental health services were offered and whether accepted or declined in the notes/comments. If question #16 *“Has the offender ever been found guilty of any sex offenses with adult victims?”* is answered “yes” there must be a comment added regarding mental health services. The case manager conducting the initial adult internal risk assessment will notify the ICMH and the PREA site coordinator to ensure a follow-up meeting is scheduled when the offender agrees to accept services. Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting.”

IS11-32 Receiving Screening – Intake Center, pages 4 -5, Section III (B) states, “If during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment. If the screening indicates the offender has experienced prior sexual victimization and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated and the offender will be offered a follow-up meeting with a medical and/or mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a QMHP within 14 days of the intake screening. Health services staff members shall obtain informed consent from offenders in accordance with institutional services regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.”

Auditor also reviewed the PREA Risk Assessment Manual --- many questions remind users that if marked “yes” they need to contact mental health. For example Question 1 of the Risk Assessment:

1. Have you ever been approached for sex/threatened with sexual abuse while incarcerated? (If the offender offers any information with regards to incident place information in the comments box, it is not necessary to get specific details. Determine if the incident was reported. Has the assailant been added to the victim’s enemy listing? Determine if the offender needs Protective Custody or a Mental Health Referral...”

Interviews with inmates stated they knew if they wanted mental health assistance due to a PREA allegation they can request it through their Functional Unit Managers (FUM’s.) Inmates stated they have never been denied access to mental health at this facility.

Auditor reviewed the “AIC Mental Health Referral List 2016.” Ninety-four inmates were offered mental health services based on answers to the PREA risk assessment. This log tracks the date the referral was made, if services were declined or accepted and if follow-up services were offered

115.81(b)(e) BCC provided a copy of the “AIC Mental Health Referral List 2016.” This log tracks all mental health referrals from coordinated responses and information obtained from the risk assessment. It also tracks the offender name, DOC number, date mental health was notified, if services were declined or accepted and if follow-up services were offered. This log contains 94 entries.

Standard 115.82 Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Inmate victims of sexual abuse at BCC receive timely, unimpeded access to emergency medical treatment and crisis intervention services. They are also offered information and access to sexually transmitted infections prophylaxis. All services are provided at no cost to the

victim.

115.82(a)(b)(c) Policy SOP D1-8.13 Offender Sexual Abuse and Harassment, pages 21 - 24 states, “Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment. Health Services staff member cannot collect physical evidence from a victim or perpetrator following a report of offender sexual abuse but may assist in the preservation of items related to the incident. A sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE) may collect evidence in conjunction with a sexual assault examination. Health services staff members will screen victims for obvious physical trauma, and provide emergency medical care. If the alleged perpetrator is a staff member, the victim will be transported to the community emergency room for a sexual assault examination to be performed by a SANE or SAFE. The offender will be out counted when the incident is alleged to have occurred within 120 hours.

*****SOP: If the alleged perpetrator is a staff member, the offender requiring a sexual assault examination to be performed by a SAFE or SANE will be transported to the University of Missouri, Columbia, MO hospital or Western Missouri Medical Center, Warrensburg, MO if not available at University of Missouri-Columbia.**

If an allegation of offender sexual abuse is made within 120 hours of the alleged event and consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis, health services staff member will: Contact the on call SANE staff member to inform them to report to the facility and determine the staff member’s estimated time of arrival. Notify the shift commander that a sexual assault examination is needed and the estimated time of arrival of the SANE staff member. The shift commander will proceed with the coordinated response as outlined in the coordinated response protocol for institutions. The offender will be held in medical when possible until the arrival of the investigator and the victim advocate. Keep the victim separated from the perpetrator by sight and sound at all times. Obtain informed consent from the victim for completion of the sexual assault examination. If the victim refuses a sexual assault exam, health services staff members will educate the offender on importance of sexual assault exams. If the offender continues to refuse a sexual assault exam, documentation of the refusal will be noted on the refusal of treatment - no show form. Document any emergency treatment provided, in subjective complaints, objective findings assessment, and treatment plan (SOAP) format, in the applicable department computer system. Interact with the alleged victim in a neutral and non-judgmental manner. Ask the alleged victim for details of the incident that are important for the provision of health and services. Related documentation of the alleged assault should be released only to the CAO or designee and the institutional investigator.

*****SOP: The designee at Boonville Correctional Center is the PREA site coordinator.**

The SANE staff member will collect evidence according to established forensic procedures for processing and document the exam and finding in the applicable department computer system. If a SANE staff member is not available to conduct the sexual assault examination or if the victim’s injuries are such that emergency room care is required, the victim will be transported to the community emergency room with a SANE or SAFE for the sexual assault examination. The health services staff member will notify the community emergency room. The health services staff member will contact the shift commander to arrange transportation to the emergency room in accordance with institutional services procedures regarding offender transportation and hospital and specialized ambulatory care. If the victim has showered and it has been more than 120 hours since the alleged assault, the physician will determine treatment and whether a sexual assault forensic exam is necessary. For investigative purposes, the investigator may direct that the victim receive a sexual assault medical examination by the on-call SANE staff member. Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis will be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims will be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate. If initial disclosure of offender sexual abuse is made to health services staff members, notification will be made to the shift commander to initiate the coordinated response to offender sexual abuse in accordance with this procedure. The reported perpetrator’s health record will be reviewed by the health services administrator or designee and referred to the physician for appropriate communicable disease diagnostic testing.

*****SOP: When a PREA investigation finding is substantiated involving an offender on offender sexual abuse or sexual harassment, the Adjustment Board must receive input from a Qualified Mental Health Professional (QMHP) as outlined on the Mental Health Notification Sexual Assault Conduct Violation Letter (SOP Reference B) prior to conducting the hearing. The disciplinary action report should indicate the mental health report was received and taken into consideration as part of the disciplinary hearing process and reported findings.**

Upon receiving a report of a substantiated case of offender sexual abuse the PREA site coordinator will submit a referral and screening note - health services form to ensure the perpetrator will be assessed by qualified mental health professional (QMHP) within 60 days of learning of such abuse.

*****SOP: The “Reason for Referral to Mental Health” section shall state the offender was found guilty of offender abuse. The assigned QMHP shall notify the PREA site coordinator of the date of the actual assessment for record keeping purposes.**

If the allegation involves penetration and the offender is receiving a sexual assault exam and/or treatment, a QMHP will assess the victim within two hours of the completion of the exam. If the allegation involves penetration but a sexual assault examination is not indicated due to the lapse of time since the event or the victim has showered, a QMHP will assess the offender within two hours of receiving notification from the shift commander. If the allegation involves non-penetration, mental health staff members will receive a referral and screening note - health services from the shift commander and assessment will be offered within the next business day unless emergent events warrant a more immediate response by mental health staff members. During the initial assessment, mental health treatment interventions will be discussed with the victim by the QMHP and will include options such as individual and/or group therapy. The QMHP will explain and offer advocacy services to the alleged victim offender. Advocacy will not be offered for allegations of sexual harassment. The QMHP will document the offender's acceptance or refusal of advocacy services in the electronic medical record. If the offender refuses advocacy services the QMHP will have the victim sign the refusal of treatment - no show form. If the offender requests an advocate, the QMHP will notify the PREA site coordinator. If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 120 hours within a correctional facility, or 92 hours within a community confinement facility, custody staff first responders will take preliminary steps to protect the victim and will immediately notify the appropriate medical and mental health practitioners. Victims of sexual abuse will be offered timely information and access to emergency contraception and prophylactic treatment for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate. Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Each victim and abuser will be offered medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment plans. When necessary, referrals will be completed for continued care following their transfer to, or placement in, other facilities or their release from custody. Victims and abusers will be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services. Victims of sexually abusive vaginal penetration while incarcerated will be offered pregnancy tests. If pregnancy results, the victim will receive timely, comprehensive information, and access to all lawful pregnancy-related medical services."

BCC's Coordinated Response to Offender Sexual Abuse addresses medical and mental health responsibilities for a penetration event and a non-penetration event.

For a penetration event:

Medical will:

- Assess the offender and process the medical out count to a hospital that utilizes Sexual Assault Nurse Examiners (SANE) to collect forensic evidence for an examination.
 - The listing of SANE hospitals can be found on the PREA intranet page. .
 - If the alleged victim refuses to submit to a forensic examination after speaking with the investigator, medical will have the offender sign the medical refusal form which will be forwarded to the PREA Site Coordinator to be attached to the PREA Event Checklist.
 - Provide follow-up care upon offender's return from the medical out count.

Mental Health:

- Mental Health will respond within 2 hours of the offender's return from the medical out count.

For a non-penetration event:

- Mental health – Mental Health Referral Form – will respond no later than the next business day

Mental health staff state that services start as soon as they are made aware of the need. They also were able to articulate their first responder responsibilities if something were to happen inside the clinic.

115.82(d) Auditor reviewed the contract requirements the MDOC has with Corizon. Pages 25 and 26 outline Corizon's obligations when obtaining medical care services from hospitals. The pages 42 – 45 outlines Corizon's experience with PREA, training regarding PREA, zero tolerance and mandatory reporting requirements if witnessing any form of sexual misconduct. Corizon will not charge victims for any services provided.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC offers medical and mental health evaluations/treatment to all inmates who have been victimized by sexual abuse in any confinement settings. They also offer tests for sexually transmitted infections as medically appropriate. (NOTE: BCC is a male only facility.)

115.83(a)(b)(c)(d)(e)(f) SOP D1-8.13 Offender Sexual Abuse and Harassment, page 22, Section III (G) states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis will be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims will be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate."

BCC has not had any sustained cases of an offender victim or perpetrator that remained at BCC therefore there have not been any ongoing medical and mental health care for sexual abuse victims and abusers.

Mental Health/Medical Staff stated that physical exams are always done on all alleged victims. They always check to see if there is anything that is reportable. They advised that they do provide services that are consistent with the community.

115.83(g) Policy SOP D1-8.13 Offender Sexual Abuse and Harassment states, "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

115.83(h) Medical also stated that known abusers were referred for mental health evaluations.

Standard 115.86 Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigations, unless the allegation is determined to be unfounded. They do this within 30 days of the conclusion of the investigation. Members of the review team include upper-level management, supervisors, investigators, and medical and/or mental health professionals. The members document their findings and any recommendations they may make.

115.86(a) SOP D1-8.13 Offender Sexual Abuse and Harassment, page 24, Section III (I) states, "Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded."

115.86(b) SOP D1-8.13 Offender Sexual Abuse and Harassment states, "Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry utilizing the PREA sexual abuse debriefing form and submitted to the department PREA coordinator, CAO, and assistant division director."

115.86(c) SOP D1-8.13 Offender Sexual Abuse and Harassment states, “The review team for offender sexual abuse events shall include the PREA site coordinator, and other upper level administrators, when applicable, with input from supervisors, investigator, and medical or mental health practitioners, when applicable. *****SOP: The review team will consist of the PREA site coordinator, warden, investigator, health services administrator/designee, and other staff deemed necessary for the review by the PREA coordinator or warden.** A complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The written report will be prepared by the PREA site coordinator.

115.86(d) Auditor reviewed three reviews of sexual abuse incidents that resulted from two unsubstantiated dispositions and one substantiated. This review included the name of the victim, assailant, staff members involved in the briefing, date and time of the incident, what occurred, location of the incident, housing information, was the allegation motivated by race, ethnicity or sexual orientation, information on the coordinated response, information on a forensic exam, mental health consultation, and any recommendations. These reviews were also included in the facility’s annual report.

Administration stated that they review each case and look for ways that can be done to make it better for the inmate and for the facility. They use these reviews to their advantage to improve prevention of abuse. These reviews can justify the need for more cameras and can also justify the need for additional staff.

115.86(e) SOP D1-8.13 Offender Sexual Abuse and Harassment states, “The facility shall implement the recommendations for improvement, or shall document its reasons recommendations shall not be implemented. The completed report shall be stamped confidential and shall be submitted to the assistant division director with a copy to department’s PREA coordinator. The assistant division director shall forward the report to the division director. A copy of the report shall be filed in the institutional PREA event file for future audits.”

Of the three incident reviews the auditor looked at, two resulted in no recommendations and one incident resulted in the need to review the hours the librarian works.

Standard 115.87 Data collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Data needed to complete the annual Survey of Sexual Violence is collected in the Correctional Information Network (COIN) system. Data is collected and reviewed annually.

115.87(a)(b)(c)(d) Policy D1-8.13 Offender Sexual Abuse and Harassment states, “Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department’s PREA coordinator by the last working day in March. The report shall include: 1) identified problem areas, 2) recommendations for improvement, 3) corrective action taken, 4) if recommendations for improvements were not implemented, reasons for not doing so, 5) a comparison of the current year’s data and corrective actions with those from prior years, and an assessment of the facility’s progress in address sexual abuse, 6) an evaluation of the need for camera and monitoring systems, 7) in consultation with the PREA site coordinator; assessment determination, and documentation of whether adjustments are needed to the staffing plan, the deployment of video monitoring and the resource availability to adhere to the staff plan. The yearly report shall be submitted to the division director and the department PREA coordinator no later than the last working day in March.

The PREA coordinator shall prepare an annual report compiling each facility’s current year’s data and corrective actions. The report shall include a comparison with prior year’s data, corrective actions, and an assessment of the department’s progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the last working day in May.”

Auditor reviewed examples of monthly incident data from September 2013, December 2013, February 2014, April 2014 and December 2014. Auditor also reviewed the 2015 PREA breakdowns for each facility in the MDOC.

Auditor reviewed the MDOC 2015 PREA Annual Report. This report contained information on the progress the department made in 2014 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

Administrative staff reported that data is collected monthly and reported annually to the PREA Coordinator.

115.87(e) N/A BCC does not contract for the confinement of its inmates.

115.87(f) BCC completes the SSV each year.

Standard 115.88 Data review for corrective action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.88(a)(b)(c) SOPD1-8.13 Offender Sexual Abuse and Harassment, pages 27 – 28 state, “Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department’s PREA coordinator by the last working day in March. The report shall include: (1) identified problem areas, (2) recommendations for improvement, (3) corrective action taken, (4) if recommendations for improvements were not implemented, reasons for not doing so, (5) a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse, (6) an evaluation of the need for camera and monitoring systems, (7) in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to the:

- (A) the staffing plan,
- (B) the deployment of video monitors, and
- (C) the resource availability to adhere to the staffing plan.

The yearly report shall be submitted to the division director and the department PREA coordinator no later than the last working day in March.

Agency Report: The PREA coordinator shall prepare an annual report compiling each facility’s current year’s data and corrective actions. The report shall include: (1) a comparison with prior year's data, (2) corrective actions, and (3) an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the last working day in May.

Auditor reviewed the statewide annual report as well as the report as it relates specifically to BCC.

Auditor reviewed the 2015 PREA breakdowns for each facility in the MDOC.

Auditor reviewed the MDOC 2015 PREA Annual Report. This report contained information on the progress the department made in 2014 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

115.88(d) SOPD1-8.13 Offender Sexual Abuse and Harassment also states, “The COA or designee, PREA coordinator, and/or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of the facility. The CAO or designee, PREA coordinator, and/or department director shall indicate the nature of the material edited. The department’s annual PREA report shall be made available to the public on the department’s internet website.”

Standard 115.89 Data storage, publication, and destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.89(a) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

115.89(b) SOPD1-8.13 Offender Sexual Abuse and Harassment, page 28 states, "The department's annual PREA report shall be made available to the public on the department's internet website."

Auditor reviewed the MDOC 2015 PREA Annual Report. This report contained information on the progress the department made in 2015 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

115.89(c) SOPD1-8.13 Offender Sexual Abuse and Harassment also states, "The COA or designee, PREA coordinator, and/or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of the facility. The CAO or designee, PREA coordinator, and/or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website."

115.88(d) According the Agency Records Disposition Schedule (Inspector General Section) , this information is retained for five years, and then it is destroyed.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

/s/ Elisabeth M. Copeland

03/15/2017

Auditor Signature

Date

PREA AUDIT REPORT ☐ Interim ☒ Final
ADULT PRISONS & JAILS

Date of report: July 3rd, 2017

Auditor Information			
Auditor name: Alison Yancey			
Address: 9310 South State Road 67 Pendleton, Indiana 46064			
Email: ayancey@idoc.in.gov			
Telephone number: 765-778-3778			
Date of facility visit: June 12th, 13 th and 14 th , 2017			
Facility Information			
Facility name: Eastern Reception Diagnostic @ Correctional Center			
Facility physical address: 2727 Hwy K Bonne Terre, MO 63628			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 573-358-5516			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Troy Steele			
Number of staff assigned to the facility in the last 12 months: 751			
Designed facility capacity: 3100			
Current population of facility: 2986			
Facility security levels/inmate custody levels: C5/C2 Medium/Maximum			
Age range of the population: 18 and up			
Name of PREA Compliance Manager: Teri Lawson		Title: Deputy Warden	
Email address: teri.lawson@doc.mo.gov		Telephone number: 573-358-5516	
Agency Information			
Name of agency: Missouri Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 2729 Plaza Drive P.O. Box 236 Jefferson City, MO 65102			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 573-751-2389			
Agency Chief Executive Officer			
Name: Anne Precythe		Title: Director, Missouri Department of Corrections	
Email address: Anne.Precythe@doc.mo.gov		Telephone number: 573-358-5516	
Agency-Wide PREA Coordinator			
Name: Vevia Sturm		Title: Prea Coordinator for the State of Missouri	
Email address: Vevia.Sturm@doc.mo.gov		Telephone number: 573-358-5516	

AUDIT FINDINGS

NARRATIVE

A certified PREA Audit was conducted at the Eastern Reception Diagnostic & Correctional Center. The audit began on Monday, June 12th and concluded on Wednesday, June 14th, 2017. Assistance was received from Bryan Pearson. The audit began with a “meet and greet” of the Correctional Facility Executive Staff. Present were Warden Troy Steele, Deputy Warden Teri Lawson, PREA Coordinator Vevia Sturm. The audit process was discussed along with a tentative schedule of events.

ERDCC has a total of 11 housing units. Six units are designated for the offenders housed long term in the facility. Four housing units are for the Reception Diagnostic Intake offenders. One housing unit is dorm style living for offenders working outside the fenced perimeter. The Housing units are a mix of two man cells and single cells. General population offenders live in two-man cells, while some Administration Segregation cells are one man and two-man cells. Protective Custody offenders live in one man cells. One housing unit is open cubicles with four men living in each area. Other buildings provide food service, health care, maintenance, storage and space for administrative offices. Programs include general library, law library, barbering, and Adult Basic Education and General Education development classes. The prison also has substance abuse treatment, psychotherapy and religious activities. Offenders are provided on site routine medical and dental care. Serious and emergency problems are treated via local community providers.

Six weeks in advance of the onsite audit, a flyer was sent to ERDCC to announce to all offenders and staff that a PREA Audit would be conducted. Offenders were given my address to write me with their concerns. The facility sent me a PREA Audit pre-audit questionnaire that was completed for me to review. This is a standard questionnaire that is completed by all facilities that are preparing for a PREA audit. The questionnaire was designed by the U.S. Department of Justice. The facility also sent policy, procedure and other relevant documents to support their answers to show PREA compliance. I reviewed this material two weeks in advance of the onsite audit.

Initially, I began by touring the entire facility. Most of the housing complexes were separated into four housing units for each building. Inside the housing units offenders were housed two to a cell. There was one staff person per unit and one control officer for the four housing units within one building. Control staff had a complete view of all four of the dayrooms and cells. Control staff also monitored the cameras for their complex. We toured recreation areas, dining areas, the school area and the medical area. Each building had either an office or control pod where cameras for the entire areas could be viewed. Each area toured had ample staff to supervise the offenders in their area. During the tour I observed camera placement, reviewed log books, spoke with staff and offenders as we toured the facility. Camera placement was appropriate. The facility was clean and the structure was sound. During the tour of the facility, I observed “Knock and Announce” procedures for female staff entering a unit were also being completed per policy. I reviewed log books to see that supervisors were making unannounced rounds to the different housing units. Offenders were able to shower and dress in a covered area unexposed to staff view.

After the tour, I requested documentation from the following departments of the facility, Personnel, Training records, and Investigation files. Ten training records and personnel files were reviewed at random. All files did support the information already sent for examples of compliance by the facility. Thirty-One investigation files were reviewed to make sure the facility was responding to reports of sexual abuse or sexual harassment and following the protocol set by the PREA standards. Twenty-One assessment and PREA education files were reviewed. All assessments were completed within 72 hours of arrival and reviewed again within the 30 days of arrival. All offenders received PREA reporting information upon arrival and comprehensive education within a few days of arrival.

Twenty offenders were interviewed in a closed private office and the offenders answered questions regarding the PREA standards willingly and the facility’s ability to follow all of the standards. Offenders had all been educated on the PREA Zero Tolerance policy, and the offenders knew how to seek help for sexual abuse or sexual harassment. Offenders were questioned using the DOJ official offender audit instrument. Offenders were selected randomly from an Alpha listing of the offenders housed at the facility. Also, two of the offenders interviewed identified themselves as transgender. Three of the offenders were housed in restricted housing. An offender was interviewed from every housing unit. Bryan Pearson conducted the offender interviews. All offenders were forthcoming with information and felt staff would assist them if they reported sexual abuse or sexual harassment. I interviewed twenty five staff from various shifts and departments. The staff were chosen at random from the rosters and the areas that the staff worked. Staff were questioned using the Department of Justice official staff audit instrument regarding their knowledge of the PREA policy and how to prevent sexual abuse in their facility. I selected line staff working in each of the housing units and staff from each of the three shifts. I also interviewed custody supervisors, the investigator of the facility, medical and mental health staff, a volunteer, human resource staff, training staff, the Warden of the facility, a casework manager, contract staff, and the grievance coordinator for the facility, two intake staff and the PREA compliance coordinator. Staff have a good working knowledge of PREA information and how to report if there is an incident. Offenders interviewed also knew about PREA and how to report sexual abuse and/or sexual harassment.

On June 14th, 2017, we meet with Warden Troy Steele, Deputy Warden Teri Lawson, and PREA Coordinator Vevia Sturm. It was explained that the final audit results were pending. The staff were complimented on their dedication to zero tolerance regarding sexual assault/harassment. We enjoyed the visit to ERDCC and meeting the staff that are dedicated to the safety of all who enter and are housed at the facility.

DESCRIPTION OF FACILITY CHARACTERISTICS

ERDCC is a Medium/Maximum Level, 3,000+ bed facility located on 213 acres, approximately one mile east of Highway 67 on Highway K in Bonne Terre, Missouri, which serves as the reception facility for male offenders committed by the courts in Eastern Missouri. The perimeter of the facility encompasses 76 acres, which has 19 buildings, including four reception and diagnostic housing units, one minimum security housing unit, six general population housing units, a building housing a gym, chapel, education, library, and general population medical unit, an industries building, a building that houses reception and diagnostic intake, food service, medical, records, psychology and custody supervisory offices. In addition, the administration building houses all administrative offices, the officers' assembly room, visiting entrance, main control center entry and armory.

Outside the perimeter are two buildings that include maintenance, the power plant, warehouse, the cook-chill operation and the institutional mail room.

Educational programs, a chemical products industry, both medical and mental health services, and religious services are available on site, as well as recreational activities.

The Classification Services department at ERDCC consists of (2) Assistant Wardens, Functional Unit Managers, Corrections Case Managers, Corrections Classification Assistants and Office Support Assistant's. These staff members are responsible for the daily operations of the Housing Units in which the offenders are housed. The majority of the housing units have a Functional Unit Manager, Case Manager and Office Support Assistant. Each housing unit holds approximately 288 offenders with the exception of our minimum security unit that holds 96 offenders. ERDCC has housing units for offenders who fall into any of the following categories:

- General Population
- Administrative Segregation
- Protective Custody
- Diagnostic Needs
- Work Release

ERDCC's Academic Education team consists of seven regular classroom teachers, three special education teachers, one office support assistant, and one education supervisor, as well as assistance by offender tutors. This school can serve up to 360 offenders at any given time. In addition to direct instruction within the classrooms, Academic Education provides other services to the offender population. Educational materials and testing opportunities are offered to offenders unavailable to attend school due to assignment to special housing units. Food Service employs 27 staff and 203 offenders and prepares approximately 8289 offender and 41 staff meals daily. ERDCC is a Cook-Chill Receptor Site, receiving a portion of our main entrée items from the Eastern Region Cook-Chill

facility. The majority of menu items are prepared fresh at ERDCC's production kitchen with the Cook-Chill items being re-thermed on site.

ERDCC serves the general population and reception and diagnostic offenders from three dining rooms, which seats 152 and a staff dining room. Administrative segregation offenders are fed in their housing units.

Eastern Reception Diagnostic and Correctional Center provides a full service library to meet the informational and recreational reading needs of offenders. The ERDCC Library houses over 13,500 items including fiction and non-fiction books, books on tape, reference materials, magazines, newspapers and catalogs. Photo copy services are provided following policy guidelines

SUMMARY OF AUDIT FINDINGS

After a review of documentation, interviews and a facility tour, I found that ERDCC has policy and procedure in place to prevent, detect and respond to sexual abuse and sexual harassment. The staff at the facility work to create a safe environment. The Administrators continue to work on creating policy to prevent sexual abuse and harassment in the facility.

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Agency has a Zero Tolerance policy and procedure for offenders and staff to report sexual abuse and harassment. This policy and procedure were provided by D1.8.13. "Offender Sexual Abuse and Harassment. This policy outlines the agency's approach to prevent, detect and respond to sexual abuse. This policy defines prohibited behaviors regarding sexual abuse and harassment. The agency policy also includes sanctions for staff, volunteers, contract staff and offenders that have participated in prohibited behaviors. This policy includes the strategies by the state to reduce and prevent sexual abuse inside the facility. All staff and offenders interviewed knew the zero tolerance policy and how to report sexual abuse and harassment. While touring I talked to staff and offenders that could explain to me what the zero tolerance policy was and how to report policy violations. The agency has a state PREA Coordinator and a compliance manager at the facility. The PREA State coordinator had one assistant and recently acquired 10 investigators statewide to investigate PREA allegations. When interviewed, the PREA Coordinator has enough time to complete her job and over see the efforts of the agency to prevent sexual abuse. The position of the PREA Coordinator is found in the agency's organizational chart and the coordinator reports to the Office of Professional Standards. All staff stated they had enough time to fulfill their duties and the documentation supported these statements.

Standard 115.12 Contracting with other entities for the confinement of inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Contract RFP's between other entities and MDOC includes language for the contractors to adopt and comply with PREA standards. Currently three contracts exist. All of the contracts require the agency to monitor the contractor's compliance with PREA standards. Documentation was reviewed to support that other entities were audited and were compliant with PREA standards.

Standard 115.13 Supervision and monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The staffing plan for the facility was provided for my review. Staffing rosters provided to me showed that the facility was providing adequate levels of staffing to supervise the offenders. There were over 500 hundred cameras placed strategically around the facility to deter incidents and support offender supervision. The facility states that there have not been any staffing deviations in the last year. I reviewed random rosters to see that this standard was being followed. Interviews with the PREA Coordinator, Warden, Human Resource Director, Major and random offenders supported that there is adequate staffing levels to supervise the offenders. The facility provided an organization chart and Shift rosters showing the amount of staff working on each shift. Cameras were reviewed for every area of the facility. Warden stated that policy is in place to document if the staffing plan was not followed. I reviewed the facility's Annual PREA Report. The report provided a comprehensive over view of the potential problem areas of the facility and reviewed the placement of the cameras as it pertains to possible sexual abuse. A memo from the Divisional Director was given as documentation to the requirement of the review to be completed on an annual basis. The facility staff reviews the staffing plan at least once a year. During the tour, I did see sufficient staff to supervise the offenders. Post Order documentation was reviewed that stated "unannounced rounds will be made by all supervisors. Additionally, chief administrative officers shall ensure all staff post orders include a general order prohibiting staff from alerting other staff members that supervisory rounds are occurring, unless such announcement is related to legitimate operational functions of the facility. Post orders shall also require supervisors to record such rounds on the staff sign-in logs. I interviewed several line staff and supervisors that stated this policy was followed. I toured the facility and checked several log books which did have unannounced rounds written in the log books. I also reviewed shift supervisor signature logs of areas reviewed during the shift by the Captains. All offenders interviewed stated that they saw supervisors "white shirts" making unannounced rounds daily.

Standard 115.14 Youthful inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This facility does not house youthful offenders. All offenders are 18 and over. This standard does not apply to this facility.

Standard 115.15 Limits to cross-gender viewing and searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy IS20-1.3 Searches states that cross-gender strip searches can only be conducted in exigent circumstances and must be reported and documented. To date, the facility has not completed any cross-gender strip searches. Body cavity searches must be completed by medical staff. If an offender were to be stripped searched by a female staff member, it would have to be documented as I reviewed in the policy. We interviewed several offenders and staff members that stated cross-gender strip searches have not taken place in this facility. Female staff are not allowed to strip search an offender. Staff may not conduct a physical examination for the sole purpose of determining an offender's genital status. 100 percent of the staff received completed training on conducting cross-gender pat-down searches and searches of transgender offenders. I interviewed staff who all said they are taught to respectfully pat-down an offender. Training logs were viewed and staff interviewed stated that they had been trained to search offenders respectfully. I also reviewed 10 different training packets where I saw the documentation signed by the employees stating that they understood the Search policy and would abide by the policy. The packets were picked at random. I chose a few newly hired staff, a few 4 to 5 year staff and veteran staff packets to review. All facility staff, contractors and volunteers receive a refresher training annually. The facility has implemented policy D1-8.13 Offender Sexual Abuse and Harassment which allows offenders to shower, perform bodily functions and change clothing without opposite gender viewing. One of the ways designed to alert offenders that a female staff is working in the areas requires female staff to knock and announce their presence before entering a housing unit at the entrance. During interviews, offenders stated that the announcements are made. Interviews of staff also stated the announcements are made before females enter the units. While touring we did see that signs were posted in the units to knock and announce. Offenders are allowed to shower and dress without the opposite gender viewing breasts, buttocks or genitalia. Female staff are not allowed to strip search an offender.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1 8.13 Offender Sexual Abuse and Harassment provides that the Agency has policy and procedure in place to provide disabled offenders the right and opportunity to benefit from all aspects of the agency's effort to prevent, detect and respond to sexual abuse and harassment. The facility has entered into contracting companies that provide interpreter services for all different languages for the offenders in which English is not their primary language. This also includes interpreter services for deaf, visually impaired, or otherwise disabled, as well as offenders that have limited reading skills. Documents were reviewed and contracts for outside interpreters were in place if needed. Interviews with staff also support the policy as being followed. Policy states that offender interpreters of any type are not used in this facility. I reviewed policy and I spoke with staff and offenders that state a contract service would be called in if an offender needed any services or needed to report any PREA related incidents. One offender interviewed was LEP. He was provided the PREA education materials in Spanish. Documentation was provided of an additional LEP offender being given the information in Spanish and the use of the interpretive services for the assessment.

Standard 115.17 Hiring and promotion decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D2.2.2 Background Investigation and Policy D1- 8.13 Offender Sexual Abuse and Harassment support all the requirements of this standard. Policy also reviewed for this standard was D2 2.8 Promotional Appointment, D2 13.1 Volunteers, and D2 13.2 Student Interns. All of these policies state that any potential employee, volunteer, contractor or intern cannot have any incidents of sexual harassment or a criminal record for sexual abuse. Employee applications have questions that cover element (a) of this standard that are asked of every applicant. The screening application is sent through the Missouri Uniform Law Enforcement system and the National Crime Information Center System. Several staff files were reviewed to assure compliance. I picked 10 random staff files to check that the Human Resource Department was completing the correct screening process as written by this standard. The Screening process was correct and all potential staff had a background check completed and were clear of any sexual abuse or harassment. Once hired or able to enter the facility, all employees, contractors, volunteers, and interns have a background check completed annually. If the employee is found to have a sexual offense against them, the staff will be subject to discipline up to and including termination. Promotions and transfers also seek to determine if any incidents of sexual harassment have occurred before promoting or accepting a transfer of staff from another facility The Agency requires a criminal background record check for all promotions and transfers.

Standard 115.18 Upgrades to facilities and technologies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has not made any expansions or modifications since August 20, 2012. The facility has not installed or updated their current video monitoring system. The facility currently has 522 cameras in operation at the facility.

Standard 115.21 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1.8.8 Evidence Collection, Accountability and Disposal and Policy D1.813 Offender Sexual Abuse and Harassment provide for evidence protocol based on a uniform evidence protocol. The facility has trained investigators to conduct the administrative investigations. The Attorney General's office was contacted for any criminal investigations prior to June 1, 2017. After that date, investigations will be handled by 10 trained investigators trained to investigate PREA incidents and supervised by the State PREA Coordinator. The facility has access to regional nurses contracted by Corizon that are trained and certified SANE nurses. All examinations occur at the facility by a SANE nurse. If a SANE nurse is not available, the offender will be transferred to Parkland Hospital. The facility utilizes nationally recognized protocols for the collection and preservation of evidence as discussed in the "A National Protocol for Sexual Assault Medical Forensic Examinations and is appropriate for youth. The facility offers all offenders a forensic medical examination for a sexual assault without financial cost to the offender. The Agency has several MOU's with community groups. These groups provide advocacy to victims of sexual assault. One of the MOU's is with the Southeast Missouri Family Violence Council to provide each victim with an advocate. The facility has two staff chaplains that are trained in victim advocacy. If the offender requests an advocate to provide emotional support while being examined, one is provided for the offender as written in the offender sexual abuse policy. There were two examinations performed in the last year, both examinations were completed correctly within the policy as written. Nursing packets were reviewed to check for the completion of training as a qualified SANE nurse. I interviewed two medical staff and both stated that only SANE nurses completed sexual assault examinations. I was also given a list of the qualified SANE nurses for the State of Missouri. Interviews with staff and offenders stated if there were to be a sexual assault that a SANE nurse and only a SANE nurse would perform the forensic exam for the offender.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

D1 8.1 Investigations and D1 8.4 Administrative Inquiries provide policy that covers the requirements of this standard. The review of 31 investigation files supported that the facility responded immediately in cases of imminent risk and promptly in all other cases. The response was according to the facility plan. Investigations were requested and approved by the Warden. Investigations appeared to be thorough and well documented. Forensic Exams were provided with a victim advocate. Criminal cases were referred for prosecution. Examples of investigations were provided with follow up documentation. Facility investigators start all administrative investigations. The Inspector General investigates all criminal investigations up to June 1st, 2017. After June 1st, all PREA allegations of sexual abuse are now processed by the 10 special investigators under the supervision of the PREA Coordinator for the state of Missouri. The facility investigators will process the administrative investigations. Two interviewed offenders stated that they had made a report after arrival to the facility that was responded to by staff in accordance with the standards. Policy D1 8.13 Offender Sexual Abuse and Harassment is posted on the Agencies Website for information regarding the referral of allegations for criminal investigations for the public. The agency documents all referrals of allegations of sexual abuse or sexual harassment.

Standard 115.31 Employee training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Ten random facility training records were reviewed. The records pulled and reviewed were four new employees, two employees with plus five years of service and four employees with two to three years experiences. All employees had received training to address the Agency's zero-tolerance policy for sexual abuse and sexual harassment. A computer log of all employee PREA refresher records was reviewed to show that employees were receiving the information needed on an annual basis. All new employees must complete an online PREA training five days after being hired, this coupled with more in class training before having contact with offenders. While interviewing the employees, all knew how to fulfill their responsibilities under the agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures. The staff expressed their knowledge of the right of all offender and staff to be free from retaliation for reporting sexual abuse and sexual harassment. While reviewing training files, I saw the training curriculum which pointed out the dynamics of sexual abuse and sexual harassment in confinement. The training also portrayed what the common reactions of sexual abuse and sexual harassment victims were and how to detect and respond to signs of the threat and actual sexual abuse. In new employee training and in the annual training for employees, it was seen that the Agency taught how to avoid inappropriate relationships with offenders. We interviewed the training coordinator who supplied the additional records for review. All records were complete and employees had signed signature pages to prove that they understood the PREA policies. Per documentation review, it was seen that the training was tailored to the gender of the offenders at this facility. While it was in policy to train employees that were reassigned from female facilities, no such transfers had taken place in the last several years. PREA training is recorded for every new staff member hired and a PREA review is completed on an annual basis. Interviews with random staff while on the tour and in closed quarters revealed that staff have a working knowledge of PREA reportable events and how to report to comply with relevant laws relating to mandatory reporting of sexual abuse to outside authorities. Staff also knew how to prevent possible PREA incidents. PREA intranet is also available to all staff. The Staff only website has all the updated information about PREA.

Standard 115.32 Volunteer and contractor training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All Volunteers and contractors who have contact with offender receive the same training as new employees. The volunteers and contract staff also receive an annual refresher on the Agency's Zero Tolerance policy. Training records for volunteers and

contractors were provided. Those documents reviewed showed that the contract staff did sign signature forms to show that they understood how to prevent, report and respond to sexual abuse and sexual harassment. I interviewed a volunteer and he understood the Zero Tolerance policy regarding sexual abuse/harassment prevention, detection, reporting and response.

Standard 115.33 Inmate education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Offenders at this facility receive information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment within the first few hours of the intake process. While processing through the initial phase of intake, the offenders view a PREA educational video. The offender continues through facility processing and is assessed for risk also before being classified to his first housing assignment. The offenders are also provided PREA brochures that provide information on reporting and preventing sexual abuse. This brochure is also available to the offender throughout different staff offices and the library and medical. The offenders received comprehensive PREA education within the first few days of arrival. This information is documented by an offender signature page. Information for reporting is also located at every telephone for offender use. All offenders interviewed knew about the PREA posters around the facility and the PREA Hotline that was available. The PREA hotline number and the video can be seen on one of the offender TV channels. All offenders remembered at least two or more ways to make a report of sexual abuse. Interviews with offenders supported this standard that the offenders were educated on how to prevent/and or report sexual abuse or sexual harassment. Offenders stated that they were advised of this information within the first hours of being at the facility. Documentation was provided to prove that information was available for limited English proficient, staff member available to read to a deaf offender, blind offender or offender not capable of reading. A Braille version was also available for a blind offender. The facility requires each offender to sign that he has been educated on the policy of PREA. While on the tour, I was able to see firsthand the intake process for an offender. The facility process supported this standard on the education of offenders on the zero-tolerance policy.

Standard 115.34 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All inspectors have received specialized PREA investigation training. The training module was designed in accordance with the Prison Rape Elimination Act (PREA). The training is designed for staff conducting investigations into sexual abuse and harassment allegations. Interviews with the investigator described the training he received that covered all of the required topics. The investigator described the process for completing an investigation of sexual abuse once he has been requested to do so by the Warden, which was usually the same day as the report. Education curriculum and signature pages by the employees were provided to show the specialized training was completed by the investigators. Interviews with offenders that had reported incidents stated that the facility responded to their reports as per the zero-

tolerance policy.

Standard 115.35 Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has policy related to the training of medical and mental health employees that work in this facility. The lesson plan reviewed supported the zero-tolerance policy practices. Examples of training show that all medical and mental health staff received specialized training for PREA education. Training logs were provided to show which staff had been trained. Interviews with medical and mental health staff confirmed that the medical and mental health staff were receiving this specialized training. All the staff interviewed knew how to respond to a report of sexual abuse/harassment and how to preserve physical evidence. Forensic exams are performed by a SANE nurse at the facility and if one was not available the offender would be transported to the hospital. Documentation for the training of the SANE nurses was provided.

Standard 115.41 Screening for risk of victimization and abusiveness

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has policy and procedure in place upon entering the facility, each offender is screened for risk of victimization or for aggressiveness of sexual abuse. Assessment and PREA education documents were reviewed for 21 offenders. All assessments were completed within 72 hours of arrival and reviewed within 30 days of arrival. The assessment covers all elements required in this standard for determining risk of victimization and risk of being an aggressor. All offenders received PREA reporting information upon arrival and comprehensive education within a few days of arrival. All of this is documented and signature pages signed by the offenders. ERDCC is the intake facility where the initial screening is done. 30 days later if the offender is housed in the long term population, another screening is done. Records of offenders were reviewed and the documentation for this was complete. Interviews with staff and offenders also confirmed that this procedure was being followed to meet this standard. The risk assessment was an objective screening instrument. Staff interviewed stated that if there were an incident involving an offender, that offender would be assessed again for risk. Staff interviewed also stated that policy prohibited them from disciplining offenders for refusing to answer or for not disclosing complete information related to the questions regarding whether or not the offender had a mental, physical, or developmental disability; whether or not the offender is or is perceived to be gay, bisexual, transgender, intersex, or gender non-conforming; whether or not the offender had experienced sexual victimization or the offenders own perception of vulnerability. Staff stated that this was also in policy. I reviewed policy D1 8.13 Offender Sexual Abuse and Harassment that did support this statement from staff. Policy requires all information obtained by staff from the offender to remain confidential and disseminated only on a "need to know" basis for the use of classification and housing of the offender.

Standard 115.42 Use of screening information

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1 8.13 Offender Sexual Abuse and Harassment , IS1 88-1.1 Required Activities, IS 5 2.3 Offender Internal Classification provide policy and procedure that uses information from the risk screening instrument to inform housing, work, education and program assignments with the goal of keeping separate those offenders that are a high risk of being victimized from the offenders that are a high risk of being sexually abusive. The facility conducts and assessment on each offender and uses this information appropriately to safeguard the offender from sexual abuse while using the information for housing assignments and programming needs. Offender records and offender lists were reviewed to support these procedures. The facility has a committee that reviews "at risk" offenders with the offender's input involved in the classification process. Each offender is reviewed individually to protect each offender. The staff interviewed stated that the offender's safety and protection from harm was always top priority. The two transgender offenders interviewed stated that the committee worked with them to find them appropriate housing where they felt and were safe.

Standard 115.43 Protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1 8.13 Offender Sexual Abuse and Harassment requires that segregation only be used as a last resort to protect a potential PREA victim. Potential victims will be assessed to be placed in the least restrictive housing. When no alternative housing is available, the offender will be reviewed every 30 days to determine if there is a need for the separation or if the offender can return to general population. Interviews with staff support this standard. The facility has not placed any potential victim in segregation in the last 12 months.

Standard 115.51 Inmate reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This facility provides multiple ways for offenders to report sexual abuse or harassment. Offenders can call the PREA hotline from any telephone located in each unit dayroom, report to any staff member, write a grievance or have a third party report. Interviews with offenders supported this documentation and supported this policy. Staff interviewed knew how to report and each carried a card with the sexual abuse hotline number. The Offenders may write the Department of Public Safety (DPS) with concerns or reports of sexual abuse or sexual harassment. The DPS is an outside agency for the offenders to report sexual abuse or sexual harassment. The agency has a policy requiring offenders detained solely for civil immigration purposes are to be provided on how to contact relevant consular officials and the Department of Homeland Security. Policy is in place when staff receive allegations of sexual abuse, staff are to report this information to the shift commander immediately. Written reports must be completed at the time of the report. Staff are informed of the procedures for reporting via employee handbook. There is also an intranet site for staff that has updated information about PREA.

Standard 115.52 Exhaustion of administrative remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D5 3.2 Offender Grievance allows an offender to submit a grievance about sexual abuse at any time, regardless of when the incident occurred. Informal PREA grievances will be reviewed immediately and sent to Chief Administrative Officer. The facility allows an offender to submit a grievance alleging sexual abuse without submitting it to the staff person who is the subject of the complaint. The CAO will decide if the grievance meets the criteria of Emergency PREA and forward to the appropriate staff. Third party grievances are accepted and processed per policy. Policy states that the grievance merits will be found within the 90 day timeframe. In the last 12 months, the facility has met the 90 day timeframe. Policy is also in place if the facility were to request an extension of the 90 time frame that the offender would be made aware of the extension in writing the date the grievance would be resolved. Policy and procedure are also in place that permits third party, including fellow offenders, staff, family members, attorneys and other outside advocates to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse and to file those requests on behalf of the victim. If the offender declines to have third-party assistance, this is documented by the facility staff. There were zero grievances alleging sexual abuse filed within the last 12 months. Also, part of the grievance policy is the procedure for emergency grievance alleging substantial risk of imminent sexual abuse to be responded to within 48 hours. Again, zero grievances of this nature were filed in the last 12 months. The facility also has a policy in place that only a finding of "Unfounded" for a report sexual abuse grievance will be subject to a conduct report. When interviewing staff and offenders both stated that emergency grievances and third party grievances would be investigated by the facility if this were ever to be reported by an offender or third party.

Standard 115.53 Inmate access to outside confidential support services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- The policy "Coordinated Response Protocol" for ERDCC gives step by step directions on the actions to be taken by staff in the event of sexual assault and/or sexual harassment. The policy outlines precisely every action to make sure a PREA event follows the protocol set up by the PREA standards. Mental Health staff meets with each possible victim and explains advocacy groups and determines if the victim would like to have an advocate assigned. Other Offenders that have had sexual abuse prior to incarceration that would like to talk to an advocacy center can call or write the two agencies available for the offenders. One of the victim advocate agency's numbers is a free call. The offender just needs to dial 7246 on any offender telephone. Signs are posted in the dayrooms giving the addresses and telephone numbers of the Rape crisis center and the victim advocacy group "Just Detention International" and Rape, Abuse and Incest National Network (RAINN). This information can also be found in the case manager's offices and medical area. The policy of offender telephone use and offender correspondence provides the limits to confidentiality. Signs are posted that all telephone calls and mail are monitored. Staff and offenders interviewed both stated that they knew about the victim advocate agencies available. The offenders also know that there are limits to the confidentiality on the telephones and through the mail system. The facility provides for advocates and informs the offender population and makes them aware of the level of reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under the law.

Standard 115.54 Third-party reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility provides an e-mail address and telephone hotline to report PREA incidents through a third party. The Missouri Department of Correction website provided all the information about PREA and how to report. This hotline number was posted in the visiting room. Offenders and staff interviewed all knew how to report and stated there were posters everywhere with the hotline number to report.

Standard 115.61 Staff and agency reporting duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

offenders all knew that staff had to report and offenders stated that they knew that if they reported a PREA incident to them, it will be investigated. Policy also stated that the offenders would be monitored to make sure there was no retaliation for reporting. Offenders all knew the level of confidentiality when reporting. Policy prohibits staff from revealing any information related to a sexual report to anyone other than the necessary staff for treatment, investigation and other management and security decisions. Staff were all aware of this confidentiality notice.

Standard 115.62 Agency protection duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1 8.13 Offender Sexual Abuse and Harassment states the facility will take immediate action when an offender reports any sexual incident. Interviews with staff and offenders reported that this was the case to meet this standard. In the last 12 months, there were zero times reported that an offender was at risk for imminent sexual abuse.

Standard 115.63 Reporting to other confinement facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Per policy D1 8.13 Offender Sexual Abuse and Harassment when there is a report that an offender was sexually abused at another facility, the staff will complete a PREA Allegation Checklist Notification. All notifications will be within the 72 hour timeframe. Interviews with the Warden and Prea Coordinator state that notifications would be made within 72 hours. Documentation was provided that the facility investigates within PREA guidelines when a report was received from another facility.

Standard 115.64 Staff first responder duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1 8.13 Offender Sexual Abuse and Harassment provide the policy requirements for this standard. The policy states that the alleged victim will be separated from the abuser, the first responder will preserve and protect the crime scene until the investigation team can collect any of the evidence. Policy also states that the first responder will ask the offender not to destroy evidence by washing, brushing his teeth, changing clothes, urinating, defecating, smoking, drinking or eating if within the timeframe allowable for the collection of evidence. When interviewing staff, all knew the responses for the first responder duties. There were two occasions where the time period of the incident allowed for the collection of evidence in the last 12 months. The Coordinated Response for the facility outlines the specific procedures as to which this policy will be followed. The plan follows the standards and breaks each action step by step depending on the type of report whether it is a sexual abuse report or sexual harassment report. Different type of reports from the offenders have a different set of steps to be preformed by staff as set in the standards. I did review the Coordinated Response plan and it does follow PREA protocol as outlined in the standards for first responder duties. I interviewed staff about how they would respond to a report of sexual abuse and the staff new exactly the steps to take to keep the offender safe, preserve evidence and get the offender to medical treatment. The staff at the facility are provided with a PREA card to carry for reference.

Standard 115.65 Coordinated response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Per policy D1 8.13 Offender Sexual Abuse and Harassment the Coordinated Response was developed to meet this standard. Staff are trained to respond in protection of the offender, preserve evidence and protect the crime scene. Medical has been trained in response to sexual assault protocol. Interviews were conducted and the staff knew the Coordinated Response procedures.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Per policy D2 11.6 Labor Organizations the agency will not enter into or renew any collective bargaining agreements or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any offender pending the outcome of an investigation.

Standard 115.67 Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Per policy D1 8.13 Offender Sexual Abuse and Harassment, the prevention and monitoring of possible threat of retaliation is provided. Offenders that report sexual incidents are monitored for at least 90 days following the reporting of an incident to document that an offender is not being retaliated against. I interviewed casemanager staff and the staff told me that they were responsible to speak with the offenders when there was a reported PREA incident. The PREA intake officer (which is a counselor that conducts the initial PREA education) monitors all PREA incidents and tracks when the offenders are seen and who does the follow up with the offender. Both the staff and the offender sign a form that is placed in the offender's packet at the end of the 90 days with a signature from the offender to show that the offender is not being retaliated against. The reviews are initially done after the incident, at 30 day, 60 day and finally 90 day. If there have been no issues, then the monitoring ends after 90 days. Interviews were conducted with the offenders and confirmed this policy is followed. Completed incident monitoring forms were provided showing that the monitoring was being completed. 31 investigative files were reviewed for retaliation monitoring being conducted by facility staff per the policy. There have been zero times reported that retaliation has occurred in the last 12 months.

Standard 115.68 Post-allegation protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1 8.13 Offender Sexual Abuse and Harassment and the Directive for Segregated Housing for Protective Custody provide that an assessment will be made as to the offender being viewed as a substantial risk of victimization in the absence of an allegation of offender sexual abuse, a temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing. The PREA coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment of involuntary segregation housing shall not ordinarily exceed a period of 30 days Every 30 days; the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with the institutional services procedures regarding segregation units and protective custody. All other alternative housing is reviewed for possible placement of the victim within 24 hours. Documentation reviewed confirmed that this standard is being met. There were zero requests for Protective Custody due to a sexual incident report in the last 12 months.

Standard 115.71 Criminal and administrative agency investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1-8.1 Investigative Unit Responsibilities and D-1 8.4 Administrative Inquiries provide the policy for this standard. The facility investigators investigate all administrative allegations. The Attorney General's office has been handling the criminal investigations. Thirty-One investigation files were inspected. There were three criminal cases that were substantiated and were referred for prosecution. The retention schedule for sexual abuse cases is 50 years.

Standard 115.72 Evidentiary standard for administrative investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1 8.1 Investigative Unit Responsibilities provides policy and procedure for criminal and administrative agency investigations. The policy states that substantiated allegations that appear to be criminal will be referred to the prosecutor. The facility had three substantiated allegations since August 20th, 2012. The three investigations that lead to referral to the prosecutor were reviewed to make sure all PREA protocols were followed. A total of 31 investigations were reviewed for PREA compliance while at the facility. All investigations were thorough and well documented. According to the Agency Records Disposition schedule from the Office of the Director, the agency will retain all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years per the PREA standard. D1 8.1 Investigative Unit Responsibilities policy also states that the evidence standard for administrative investigations is preponderance of the evidence. After reviewing the 31 investigative files, the preponderance of the evidence was the standard used to identify whether or not a report was substantiated.

Standard 115.73 Reporting to inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1- 8.13 Sexual Abuse and Harassment provides that the agency is required to inform verbally or in writing any offender who makes and allegation the he has suffered sexual abuse in any agency facility as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following the investigation by the agency. The facility reported 9 investigations of alleged sexual abuse that were completed by the agency. After review of the investigation files, signed forms from the offenders of the notification of the outcome of the investigation were completed. An outside entity does not conduct sexual abuse investigations. 31 investigative files were reviewed and the offenders were notified of the outcomes of their individual investigations, offenders then signed stating that they received this information. Examples also showed that the offenders are told the results of their allegations and the report is documented. Several investigation cases were reviewed and the documentation also supported this standard. Following an offender's allegation that a staff member has committed sexual abuse against the offender, the facility will inform the offender if, the staff member is no longer posted on the offender's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse or convicted on the charge within the facility. The Agency has the form "Sexual Abuse Debriefing" that requires all the information pertaining to a report of a sexual incident. This form and information is then logged into a spreadsheet to track the events of the cases that are completed. When a case is substantiated, unsubstantiated, or unfounded, the offender is informed. All of the above information pertaining to this standard is tracked and at each level of the cases evolving, the offender is notified when it involves staff. I interviewed one of the investigators and he stated this is how it is done at the facility. I also reviewed files that had the completed notification forms signed by the offender. The same process is used following an offender's allegation the he has been sexually abused by another offender. The offender is notified whether or not substantiated, unsubstantiated, or unfounded. When the case is filed and charges are applied to the aggressor, the victim is notified. If the aggressor is convicted, the victim offender is notified. Each time the offender is notified, the offender signs a form that he was informed of the outcome of his case. In the last 12 months, 35 offenders were provided information pertaining to a report, notification of offender charged, or a conviction of sexual abuse.

Standard 115.76 Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1-8.13 Sexual Abuse and Harassment section P. Employee Discipline says staff shall be subject to disciplinary action up to and including termination for violating the agency sexual abuse and sexual harassment policy. Termination will be the presumptive discipline for sexual abuse. Terminations and resignations will be reported to licensing bodies if applicable. The facility provided a memo from the Warden stating "ERDCC has not terminated a staff member for a substantiated PREA investigation since our last audit in 2015." A log of staff and contracted staff discipline was provided that verifies this statement as well. A PREA investigations log also shows there are no substantiated findings in reports against staff during the last year. Based on the policy provided and supporting documents, the facility meets this standard.

Standard 115.77 Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1-8.13 Sexual Abuse and Harassment prohibits contractor/volunteer contact with offenders if they are found to have committed sexual abuse. Substantiated findings will be reported to licensing bodies where applicable. The agency and/or the facility shall consider prohibiting contact for substantiated sexual harassment. Policy D2-13.1 Volunteers requires allegations of sexual abuse or sexual harassment by contractors/volunteers be forwarded to facility investigators. The facility provided a sample letter to a volunteer prohibiting them from supervising offenders for a substantiated finding of sexual abuse. A log of investigations shows there were no substantiated findings for a PREA investigation against a contractor in the last year. The policy and supporting documentation provided shows the facility meets this standard.

Standard 115.78 Disciplinary sanctions for inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1-8.13 Sexual Abuse and Harassment section O. Violations or Disciplinary Sanctions for Offenders states offenders will be subject to disciplinary sanctions pursuant to a disciplinary process following an administrative or criminal finding of guilt for engaging in offender sexual abuse. Sanctions will be commensurate with the nature of the violation and the offender's disciplinary history. Mental disabilities or illness will be considered to determine sanctions. Violators will be referred to appropriate treatment by mental health. Offenders can only be disciplined for sexual contact with staff if staff do not consent. The facility and agency prohibits all sexual contact between offenders. Documentation was provided of an offender perpetrator of sexual abuse being disciplined for a substantiated finding. Policy SOP19-1.1 Conduct Rules and Sanctions has a violation code for 7.1 Forcible Sexual Misconduct and 15.1 Sexual Misconduct. The PREA Site Coordinator stated that no offenders had been disciplined for consensual sex in the last 12 months. Based on the documentation provided the facility meets this standard.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy IS11-32 Receiving Screening Intake Unit states the offender will be referred to mental health within 14 days if he reports in the intake screening that he has been a victim or perpetrator of sexual abuse. This policy also requires health services staff to obtain informed consent

before reporting information about prior victimization not in an institutional setting. The facility provided documentation of offenders being referred to mental health that had reported prior victimization within 2 to 3 days of reporting. An offender was also interviewed that had reported prior victimization during his initial assessment upon arrival to the facility. He reported being sent to mental health within 2 days of being assessed. A memo from the Corizon Health Service Administrator states they have not had an instance of consent being provided for a report that did not happen in an institution. Based on the policy, documentation provided and offender interviews I find the facility meets this standard.

Standard 115.82 Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1-8.13 Offender Sexual Abuse and Harassment section I. Health Services Care requires emergency medical services be provided to victims of sexual abuse consistent with the services provided in the community. Victims are to be screened for obvious signs of physical trauma. SANE nurses are provided by the medical Contractor for forensic exams at the facility. If the facility SANE is not available, the local hospital SANE will be used. Treatment is provided without cost to the offender. I find the facility meets this standard based on documentation provided.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1-8.13 Offender Sexual Abuse and Harassment section I Health Services Care requires the facility to offer medical and mental health treatment to victims of sexual abuse consistent with the community level of care at no charge to the offender. Victims of sexual abuse will be offered tests for STD's. The facility provided a memo from the Warden stating they have not had to offer testing for STD's to a victim in the last year. Offender perpetrators will be offered counseling within 60 days of a substantiated finding of sexual abuse. During review of investigation files an example of an offender perpetrator being offered MH counseling was provided. I find the facility meets this standard based on the policy and documentation of practice that was provided.

Standard 115.86 Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1-8.13 Offender Sexual Abuse and Harassment section K. Debriefing requires the facility to conduct a sexual abuse incident debriefing within 30 days of the conclusion of every substantiated and unsubstantiated sexual abuse investigation. The debriefing is to be conducted by a review team that consists of the PREA Site Coordinator and upper level administrators, supervisors, investigators and mental health or medical practitioners. The review is documented on the PREA Sexual Abuse Debriefing form. The form covers all required elements of the standard. Incident reviews were provided during the review of investigation files. All but one was within the 30 days time frame demonstrating substantial compliance with the standard.

Standard 115.87 Data collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1.8.13 Offender Sexual Abuse and Harassment section Q Annual Reports requires each facility to use information from the PREA Sexual Abuse Debriefing forms to prepare an annual report that is due in March annually. The facility provided their report for 2016. The report contained all of the required elements of the standard. The agency is also required to provide an annual report which also covers the required elements of the standard. This auditor reviewed several reports on the agency website from 2015 back to 2010. The 2016 report was not posted as of this date. It was due at the end of May. The Agency PREA Coordinator also provided the last two years of the DOJ SSV report. The agency and facility meet this standard based on the policy and documentation of practice provided.

Standard 115.88 Data review for corrective action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1-8.13 requires the agency to review the data collected from each facility's annual report and compile it into an agency annual PREA Audit Report

report. The agency has the annual report from 2010 to 2015 posted on its website. A review of these reports indicates compliance with the standard. The reports did not contain personally identifying information that would pose a threat to safety and security.

Standard 115.89 Data storage, publication, and destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has annual reports containing aggregated sexual abuse data from 2010 to 2015 posted on the MDOC website.

AUDITOR CERTIFICATION

I certify that:

- ☐ The contents of this report are accurate to the best of my knowledge.
- ☐ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☐ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Alison Yancey

July 3rd, 2017

Auditor Signature

Date

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

PREA AUDIT REPORT ☐ Interim ☒ Final

Date of report: May 8, 2017

Auditor Information			
Auditor name: Elisabeth M. Copeland			
Address: 714 SW Jackson, Suite 300, Topeka, Kansas 66603			
Email: Elisabeth.Copeland@doc.ks.gov			
Telephone number: 785-291-3074			
Date of facility visit: March 22 – 24, 2017			
Facility Information			
Facility name: Farmington Correctional Center			
Facility physical address: 1012 West Columbia Street, Farmington, MO 63640			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 660-646-4032			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Tom W. Villmer, Warden			
Number of staff assigned to the facility in the last 12 months: 675			
Designed facility capacity: 2655			
Current population of facility: 2622			
Facility security levels/inmate custody levels: Medium/Minimum (1-5)			
Age range of the population: 18 -79			
Name of PREA Compliance Manager: Mike Gann		Title: Deputy Warden	
Email address: mike.gann@doc.mo.gov		Telephone number: 573-218-7100	
Agency Information			
Name of agency: Missouri Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 2729 Plaza Drive, Jefferson City, MO 65102			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 573-526-6607			
Agency Chief Executive Officer			
Name: Anne L. Precythe		Title: Director	
Email address: anne.precythe@doc.mo.gov		Telephone number: 573-526-6607	
Agency-Wide PREA Coordinator			
Name: Vevia Sturm		Title: PREA Coordinator	
Email address: Vevia.Sturm@doc.mo.gov		Telephone number: 573-522-1634	

AUDIT FINDINGS

NARRATIVE

PRE-AUDIT

A Notice of PREA Audit was sent to Farmington Correctional Center (FCC) on February 8, 2017 via the Site Coordinator, Mike Gann, and the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on March 22 - 24, 2017. At this time, this auditor requested that the pre-audit questionnaire (PAQ) be sent to me no later than March 10, 2017. It should be noted that this audit is being conducted as part of five-state circular audit consortium consisting of Nebraska, Kansas, Missouri, Kentucky and Louisiana.

On March 13, 2017, this auditor received a flash drive containing FCC's Pre-Audit Questionnaire. The flash drive contained department and agency policies, curriculum and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

On March 17, 2017, a tentative agenda for the PREA audit was sent the Site Coordinator and the PREA Coordinator for MDOC. This agenda outlined the when the auditing would be on site, the types of staff and inmates that would be interviewed and when the audit would conclude. The Site Coordinator was advised of which specialized staff would be interviewed as well as which specialized inmate populations would be interviewed.

The auditor received five letters from inmates requesting to speak to the auditing team.

ONSITE

The auditor was accompanied on the site visit by a members of the Kansas PREA team: Joni Foster-Webster and Terrell Brooks, Central Office PREA Specialists. The team was greeted and given a history and the layout of the facility by Warden Tom Villmer and Deputy Warden (New Site Coordinator) Tammy White, as well as other Executive Team members. The audit team was advised that former Site Coordinator, Mike Gann, retired the week before. The agency Assistant PREA Coordinator Adam Albach was also in attendance throughout the audit process. After the initial meeting, a detailed tour was provided to the auditing team.

Warden Tom Villmer and Site Coordinator Tammy White lead the onsite tour. The tour began with the housing units.. The auditor viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information was clearly marked on bulletin boards in each living unit. It was noted that emotional support service information was missing in some of the units and they were quickly replaced by administration. In all living units toilets and shower stalls all had appropriate coverings. The "Notice of PREA Audit" was also clearly visible throughout the tour.

In addition to the living units, intake, medical area, outside recreation, inside recreation, dining areas, library, programs, and control posts were also toured. PREA reporting information in English and Spanish were found on every bulletin board and were clearly marked.

Immediately after the tour, the Site Coordinator provided the auditing team with staff rosters from all three shifts and provided a list of specialized staff. The auditor then randomly selected from each shift, as well as established times to interview specialize staff.

The Site Coordinator provided the auditor with housing unit rosters. In reviewing the housing rosters the auditor randomly selected two - four inmates from each unit for a total of 36 inmates to be interviewed. FCC provided confidential locations in the training center for the auditing team to interview inmates.

FCC provided appropriate accommodations for the auditors to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. The Site Coordinator and Warden were readily available to answer any questions and assist in any way. Staff at FCC was extremely helpful and polite throughout the entire process and escorted the audit team to each housing unit.

Auditors interviewed 43 inmates that had various lengths of stay. This number includes the five inmates who requested to speak to the auditing team. The auditors interviewed 20 staff to include the Warden, Mental Health Staff, Human Resources staff, Chief of Custody, Intake Staff, staff who work with youthful offenders as well as random staff from all housing units.

Prior to the exit interview, the auditor reviewed onsite documentation and discussed results of interviews conducted by Terrell Brooks and Joni Foster-Webster. We compared notes and reviewed standards. There was an exit interview conducted at the end of the site visit.

POST AUDIT

After the onsite portion of the PREA audit, this auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

On May 30, 2017, the PREA audit report was submitted to the PREA Resource Center and copies were sent to the Warden and Deputy Warden of FCC, as well as, the statewide PREA coordinator.

DESCRIPTION OF FACILITY CHARACTERISTICS

OVERVIEW:

The Farmington Correctional Center (FCC) is located in Farmington, Missouri. It is located on the former grounds of the Southeast Missouri Mental Health Facility and sits on a 326-acre campus. Construction and renovation of the correctional center was complete in 1986. Existing buildings were renovated to house services such as medical, education, library, food service, recreation and religion, as well as the administration and security functions. Nine new housing units were erected, utilizing the most modern design concept at the time, including electronically controlled movement within each of the four 50-offender wings of the housing units. An electronically monitored, double perimeter fences and 24-hour perimeter patrol secure one-hundred and ten acres.

Today FCC houses six general population housing units, one administrative segregation unit, one transitional housing unit, a work release house, substance abuse treatment unit, including an 84 day program, a six month therapeutic community and a one year program, two mental health units, an a therapeutic community for sex offender treatment. FCC has two Missouri Vocational Enterprise factories, a computer vocational program, and special education programming. The institution is a participant in the department's Puppies for Parole Program and is the process of training its seventh class of dogs. With the addition of drug treatment unit, the therapeutic community for sex offender programming and the minimum-security unit.

The current population at FCC is 2,622 adult male offenders. During the past 12 months 2,247 offenders have been admitted to this facility. Of this number, 2,247 admitted had a length of stay longer than thirty days. The age range of the current offender populations is 16- 80 with custody levels being minimum custody. FCC currently houses six male youthful offenders.

FCC has 675 employees who have contact with the offender population. This staff is responsible for the security of all buildings located at FCC. In addition to its 675 employees, FCC also has 609 volunteers and individual contractors currently authorized to enter the facility. There are 32 investigators across the State of Missouri with two investigators assigned to FCC.

FCC is located within a secure perimeter. The facility has the official capacity to house 2,655 offenders.

SUMMARY OF AUDIT FINDINGS

FCC administration believes that incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency, the actions of FCC leadership during the tour as well as the knowledge the staff demonstrated of PREA. FCC leadership was quick to respond to any issues the auditing team on cross-gender viewing. Barriers were installed in areas the auditing team identified before the team left the facility. They were very open with the auditing team and wanted our input. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

The overall theme of the interviews with random inmates included being able explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education upon intake. While some stated they could not remember the PREA video in its entirety, they did remember viewing it. All inmates reported they knew that opposite gender staff announced themselves at the beginning of each shift. Several inmate interviews indicated that once a PREA allegation was made, the victim was immediately placed in segregation. The auditor reviewed additional random files while on site which are maintained by the Site Coordinator and found that this was not the practice of FCC.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger they would immediately secure the safety of that individual.

This auditor received four letters from inmates housed at FCC expressing concerns about staff retaliation and investigations. This auditor interviewed all four inmates. In addition, during one of these interviews one inmate provided this auditor with a list of inmates from a housing unit that also want to speak with me. He stated they were not able to write a letter requesting an interview. This auditor also spoke with an additional four inmates. They also expressed concerns about staff retaliation and inappropriate staff conduct.

Additional interviews consisted of 16 random inmate interviews, five targeted inmate interviews, ten random staff interviews and eight specialized staff interviews.

The auditing shared their concerns with the conduct of staff in particular housing units and was advised by administration that this would be addressed.

Documentation provided in the pre-audit questionnaire was well organized and easy to read. FCC was found to comply with all PREA standards and was determined to have exceeded one of them.

Number of standards exceeded: 1

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11(a) FCC has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. (See D1-8.13 Offender Sexual Abuse and Harassment, Section III (A)(2), page 6: "The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation." In this same policy the agency outlines how they will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. This outline can be found starting on page 6 and ends on page 27.

This same policy also includes specific definitions of offender-on-offender sexual abuse as well as offender-on-offender sexual harassment. Definitions in this policy also define staff-on-offender sexual abuse and staff-on-offender sexual harassment.

FCC also has an additional policy that addresses zero tolerance towards all forms of sexual abuse and sexual harassment. (See D1-8.6 Offender Physical Abuse, Section III (A)(3), page 3: "The department has zero tolerance for all forms of offender abuse and retaliation." In III (B)(1) page 3 it further states, "Failure to report that an offender has been abused is a class A misdemeanor."

In addition to this policy, IS19-1.1, "Conduct Rules and Sanctions," Section II (N) Rules of Conduct (7), page 3, defines Forcible Sexual Misconduct: 7.1 Using force, coercion or threats of force to obtain the compliance of another in any type of sexual activity. On page 9 of this same policy, it states, "The first 9 conduct violations rules (1-9.4) shall be considered major conduct violations. Major conduct violations shall normally result in more severe sanctions than other violations. Any conduct violations, under unusual or extreme conditions, may be considered a major violation if so recommended by the adjustment board and approved by the warden/designee."

The auditor also reviewed the employee handbook. On page 20, "Offender Abuse and Sexual Contact with an Offender," it states, "...A person commits the crime of offender abuse by knowingly injuring the physical well-being of an offender by beating, striking, wounding or by having sexual contact with an offender. Offender abuse is a class C felony, which carries a maximum sentence of incarceration of seven years." It goes on to state "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor."

Through the tour of the facility, the auditor noticed signage in every living unit, recreation areas, dining halls, and education building that stated sexual abuse is not tolerated at FCC. Signage also included ways offenders could report such abuse.

115.11(b) Missouri Department of Corrections (MDOC) has designated an upper-level, agency wide PREA Coordinator. The position of the PREA Coordinator is listed in the MDOC's organizational chart and is under the department's General Counsel. In addition, FCC has also designated the Deputy Warden of Offender Management as the PREA compliance manager (Site Coordinator). This position is also listed in the facility's organizational chart and reports directly to the Warden of FCC. Both positions are required per policy D1-1.13, Offender Sexual Abuse and Harassment, Section III (A)(4) and (5), page 6.

FCC currently has a new site coordinator as the previous site coordinator retired one week before the onsite portion of this audit. This auditor was given a copy of a letter dated March 24, 2017 from the warden to the new site coordinator, Deputy Warden Tammy White. This memo states, "This letter is to inform you that you have now acquired the responsibility of being Farmington Correctional Center Site Coordinator, effective immediately..."

RECOMMENDATION: The new Site Coordinator should access tools located on the PREA Resource Center's website (<http://www.prearesourcecenter.org>) This site has tools and guidance on the implementation of the National PREA Standards. A copy of the standards can also be found on this site. It is also recommended the new site coordinator take several afternoons and familiarize herself with the standards and the FAQ's on implementation.

115.11(c) N/A FCC only operates one facility.

Standard 115.12 Contracting with other entities for the confinement of inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.12(a) N/A FCC does not contract with private agencies or other entities for the confinement of inmates.

115.12(b) N/A FCCC does not contract with private agencies or other entities for the confinement of inmates.

NOTE:

It should be that FCC's parent agency, Missouri Department of Corrections (MDOC) does contract with private agencies and other entities for the placement of inmates.

The requirement of the parent agency to require any new contract or contract renewals with private agencies or other entities the obligation of that party to adopt and comply with the PREA Standards.

This language can be found in MDOC's policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (9), page 7, states, "All residential contractors shall adopt and comply with PREA standards as outlined in their contract with the department..." The policy also states that Chief Administrative Officer or designee shall regularly audit residential contractors to ensure compliance with the PREA standards and the department may enter into contracts with an entity that fails to comply with PREA standards only in emergency circumstances.

FCC provided an example of what MDOC sends out in their request for proposals (RFP) for residential placement. On page 11 of the RFP, "The state agency has a zero tolerance for any form of sexual misconduct to include staff/contractor/volunteer on offender or offender on offender sexual harassment, sexual assault, sexual abusive contact and consensual sex. Any contractor or contractor's employee or agent who witnesses sexual abuse or sexual harassment must immediately report it to the Chief Operating Office of the residential facility. A contractor or contractor's employee or agent who engages in, fails to report, or knowingly condones sexual harassment or sexual contact with or between offenders shall be grounds for canceling the contract and may subject the contractor or contractor's employee or agent to criminal prosecution. Any contractor, contractor's employee or agent who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution shall be denied access into the institution."

On page 12, the RFP also discusses PREA audit requirements, PREA reviews by MDOC, required staffing patterns as well as the requirements for specific PREA policies.

FCC provided examples of PREA audits that have been conducted at MDOC's contracted placements (Center for Women in Transition – Schirmer House, Heartland Center for Behavior Change, Metropolitan Employment and Rehabilitation Services (MERS), and Reality House Programs, Inc.)

Standard 115.13 Supervision and monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.13(a) MDOC requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (10)(11), page 7 states, “The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility’s physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender populations, and the prevalence of substantiated and unsubstantiated offender sexual allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted.”

In 2009, the MDOC Division of Adult Institutions established Correctional Officer staffing patterns for all facilities noting minimum staffing for all posts. The Division of Adult Institutions operates with an overall ration of one officer to six offenders, (1:6). MDOC follows National Institute of Corrections suggested methods of calculating staff needs per post. The ratios of supervisory staff to corrections officer and other staff is as follows: One to seven (1:7) Sergeants to Corrections Office I and a one to three (1:3) Lieutenant to Sergeants.

In regards to the staffing plan the warden states, “Staffing is our most valuable resource and it undergoes a yearly review. At this time we do have a few more posts than people; however, we are doing good. The captains have the staffing plans and will close the yard and open wings if we would reach critical staffing levels.”

115.13(b) N/A FCC has had no circumstances where there were deviations from the staffing plan.

115.13(c) FCC provided a copy of a memo from Dave Dormire, Director of Division of Adult Institutions to the statewide PREA Coordinator with FCC’s Chief of Custody being carbon copied. The memo, dated July 24, 2015, reads, “This is in response to the Division’s compliance to PREA Standard – 115.13 Supervision and monitoring. In regard to our staffing, the division continually reviews our staff planning to provide adequate staffing levels and we currently have no significant changes. If any one of the below eleven components would change, it would trigger a review of our staffing plan. Thank you.”

Policy D4-4.8, Security Camera Operations, page 5, states, “To assist in the prevention, detection and prosecution of offender sexual abuse and overall security of the facility, the CAO or designee will monitor the feasibility of placement and the need for new or additional requirements equipment. The CAO or designee will maintain a current document reflecting existing video equipment, requests for new purchases, and identified areas needing video surveillance. When debriefing critical incidents consideration shall be given as to whether security camera equipment or monitoring should be augmented to supplement supervision by staff in accordance with department procedures regarding serious incident reporting and debriefing.”

Auditor reviewed the facility’s 2015 Annual Report. This report covered the evaluation of camera and monitoring systems. It outlined the needs of FCC when it comes to camera coverage and PREA. In addition, it addressed 2016 and what they planned to do with increase of \$10,000 to their budget.

Auditor reviewed FCC’s calendar year 2015 annual report. This report incorporates the review PREA cases, overview of the facility’s handling of PREA cases (to include any corrective action the facility implemented), evaluation of monitoring systems as well as the staffing plan.

115.13(d) Policy D1-8.13, Offender Sexual Abuse and Harassment, page 6, states, “Each facility shall ensure the intermediate-level or higher supervisors conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Each facility shall ensure that rounds occur periodically in all areas of the facility. Staff members shall be prohibited from alerting other staff members that these rounds are occurring. The rounds will be documented and readily accessible during audits as outlines in the facilities standard operating procedure.”

Policy IS20-1.1 Post Orders, Section II (F), page 2, states “Unannounced Supervisor Rounds: Unannounced rounds conducted and documented periodically on each shift, in all areas of the facility, by supervisors of an intermediate level or higher (lieutenant or abut) to deter offender sexual abuse and sexual harassment by staff members.”

Section III (B)(4), pages 2-3, of this same policy states, “The chief administrative officer (CAO) of each institution shall: ensure post order of supervisory custody staff member includes language that requires conducting unannounced supervisor rounds, and requires supervisors to record said rounds on the staff member sign-in form; unannounced supervisor rounds shall occur periodically on each shift in all areas of the facility, establish a standard for which the chief of custody audits the post sign-in forms verifying the completion of conducted unannounced supervisor rounds, ensure all staff member post order include a general order prohibiting staff members from alerting each other that unannounced supervisor rounds are occurring, unless such announcement is related to legitimate operational functions of the facility.”

Auditor reviewed the post order for Chief of Custody, Shift Supervisor, Assistant Shift Supervisor, Lieutenants, Sergeants, Housing Unit Officers and Corrections Officer post orders. These post orders include the following statement, “Staff are strictly prohibited from alerting any other staff member to the presence of a supervisor or a member of administration.”

The post orders for the Chief of Custody, Shift Supervisor, Assistant Shift Supervisor, Lieutenants and Zone Sergeants also state, “Periodically, conduct unannounced supervisor rounds on assigned shifts, all assigned areas of the facility and indicate such by documenting the said rounds on the staff member sign-in forms.”

Auditor reviewed three random shift summaries from 2016. These shift summaries include which supervisors conducted their unannounced rounds. On September 21, 2016, first shift, five supervisors conducted unannounced rounds. On June 9, 2016 (second shift), two supervisors conducted unannounced rounds. On April 14, 2016 (third shift), two supervisors conducted unannounced rounds.

The auditor also interviewed the acting Chief of Custody regarding unannounced rounds. He states, “Supervisors are required to do unannounced rounds on every shift and every area of the facility must be covered. The rounds are logged in the staff member sign in forms.” When asked how they prevent staff from alerting other staff he replied, “This is in the post orders and I would give a counseling session if someone lets it out that we are checking.”

RECOMMENDATION: The new Site Coordinator should access tools located on the PREA Resource Center’s website (<http://www.prearesourcecenter.org>) This site has tools and guidance on the implementation of the National PREA Standards. A copy of the standards can also be found on this site. It is also recommended the new site coordinator take several afternoons and familiarize herself with the standards and the FAQ’s on implementation.

Standard 115.14 Youthful inmates

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC houses youthful offenders. On the day of the audit, FCC had six youthful offenders placed in the youthful housing units.

115.14(a)(b) Policy D1-8.13, Offender Sexual Abuse and Harassment, defines a youthful offenders as, “An offender under the age of 18 that has been adjudicated as an adult by the courts and sentenced to the department.” This policy also states, ‘ A youthful offender shall not be placed in a housing unit in which he shall have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters. Staff members shall avoid placing youthful offenders in isolation to comply with this provision. If sight and sound separation is not possible, staff members shall provide direct supervision. Staff members shall provide direct supervision when youth and offenders may have unavoidable contact. General population youthful offenders shall be housed separate from offenders 18 years and older in accordance with the institution's standard operating procedure for the offender housing assignments. ”

IS5-3.1, Offender Housing Assignments, Section III, (A)(2)(f), page 2, states “Youthful offenders will only be housed with other youthful offenders (standard operating procedures (SOP) will be developed to specify how such housing assignments will be made.”

Missouri law also requires this: Chapter 217, Department of Corrections, Section 217.345, dated August 28, 2013

Juvenile Offender Unit, Operational Memo dated July 2, 2015, Section II, (B), page 1, states, “ Juvenile offenders shall **Not** have contact with adult offenders except as noted: .Juvenile offenders will be permitted visiting privileges, along with the adult offender population. Visiting will be permitted in accordance with section III.E. of this operational memorandum. Juvenile offenders may need medical services that are **Only** available in the medical unit . When juvenile offenders are moved through the medical unit, they will be under direct escort by a custody staff member at **All** times. Prior arrangements for movement will be made, when possible, to ensure minimal contact with adult offenders.”

This same memo also addresses visiting hours. It states, “Visiting will be offered during normal visiting hours in B-phase visiting room to

offenders assigned to the *JOU*, as established in the offender visitation procedure”. It also states the following rules:

- Under direct escort, custody staff shall move juvenile offenders from the *JOU* to B-phase visiting room.
- Visits will take place at a table by the officer’s podium to allow staff easy access to the juvenile offenders.
- **No** adult offenders may be present in the change room during the processing for visitation.
- The escorting officer will stay with the juvenile offender and proceed to the B-phase visiting room.
- Once the juvenile offender is seated at his assigned table, the escorting officer may return to his normal duties.
- **No** adult offenders will have direct contact with juvenile offenders while in the visiting room.
- Custody staff assigned to the visiting room will make a chronological entry, acknowledging that juvenile offenders are in the visiting room.
- Visitors may leave the table to purchase items from the vending machines.
- Juvenile offenders **MUST** stay at their assigned table, except for restroom breaks.
- For restroom breaks, juvenile offenders will be escorted to/from the visiting room /change room restroom by custody staff.
- The change room and the change room restroom **MUST** be absent of adult offenders.
- Any attempt by juvenile offenders to have contact with adult offenders during visit/escort may be cause to terminate the visit.
- Upon leaving the visiting room, the change room **MUST** again be absent of adult offenders and an escorting officer will process the juvenile offenders back to the *JOU*.
- A chronological entry **MUST** again be noted reflecting the departure of each juvenile offender from the visiting room.

This same memo also states in Section III, (C), page 2, “Daily recreational activities may take place in #31 yard or in the day room of building #31. These activities will occur as a group. Recreational staff will develop an exercise routine that can be effectively monitored. Juvenile offenders may participate in organized and non-organized recreational activity during “free time,” or designated recreational periods in the day room, or on the yard as a group. **All** interaction and recreation **Must** be done within direct supervision of staff, as established in the offender recreation and activities procedure.”

This memo also continues with, “Offenders assigned to the *JOU* **Must** be escorted anywhere beyond the confines of the *JOU*. Juvenile offenders shall be dressed in state issued grays when escorted outside of the unit. Escorting officers should obtain approval from the shift commander prior to each of these moves. Escorting officers should notify control center, via radio, prior to each of these authorized moves, as established in the offender movement control procedure. Custody staff should escort juvenile offenders using the most direct route with the least amount of direct contact with the adult offender population.”

While touring visitation, audit team found signs posted at the officer station reminding staff about direct supervision of youthful offenders.

Finally, this memo also contains a PREA component. It defines sexual abuse and sexual harassment, emphasizes the zero-tolerance policy and mandatory reporting. How to report an allegation is also listed.

The audit team toured Housing Unit 31 (designated for youthful offenders) which is located behind a wooden fence that is approximately 12 feet tall and does not allow for viewing into the yard surrounding this housing unit. The gate to this fence is secure and can only be opened by staff working in this unit. This unit is also the closest to the administration building. Throughout the unit, signs were posted reminding staff of the direct supervision requirement.

Audit team found PREA signs on reporting located in the lobby, classroom, case manager hallway and the living areas. The notice of audit posting was also present in addition to information on outside advocacy support.

The living area is an open-bay style dorm with beds. There is clear line of site of the whole unit by the doorway. The shower area are single stall showers with curtains to protect privacy. While there is camera in the hall area, the showers cannot be viewed. (Audit team viewed the camera view from the officer station.) The residents are instructed to change their clothes behind the curtain before exiting. The toilet area is in a separate room with no doors on the stalls. They cannot be viewed from the doorway. It should be noted that only male staff are allowed to check the restroom. If there was a circumstance where a female staff member had to check the restroom, policy requires that they knock and announce their presence before entering.

While in the housing unit, audit team checked officers logs and found female announcements documented when female staff enter the housing unit.

All six youthful offenders were interviewed. All six stated they have not had contact with adult offenders and were told that it was not allowed.

Two staff were interviewed who supervise youthful inmates. Both staff member stated that the youthful inmates are separated from the adult

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offenders. They also stated that if a youth had to go to medical or out for visiting, they were escorted by staff and not allowed to communicate with adult offenders. If an adult work crew entered the housing unit with the maintenance staff, the youth are required to remain on their bunks (2nd floor of the housing unit) and a staff member stays with them until the crew leaves.

115.14(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, also states, “Youthful offenders who are placed in segregated housing, assigned to disciplinary segregation, or to the infirmary shall only be housed with another youthful offender or in a single cell in accordance with the institutional services procedure regarding administrative segregation confinement. To the extent possible, youthful offenders shall have access to work, programs, and/or activities in accordance with department and institutional services procedures.”

On the day of the audit, one youth was located in the segregation cells. He stated that he has access to the yard on Mondays, Wednesdays and Fridays. He also has access to his education via his cell. He is given is works and he completes it. He also stated that he can meet with the principle outside of his cell after he is “cuffed up.” He said talks to the principal about every two weeks.

All youthful offenders are required to participate in different types of programs. These include: Substance Abuse Treatment, Pathways to Change, Impact of Crime on Victims, and others as they become available. It is mandatory that **all** Youthful Offenders attend these programs.

Standard 115.15 Limits to cross-gender viewing and searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.15(a) FCC is a male only facility and does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. In the past twelve months, there has been no cross-gender strip or cross-gender visual body cavity searches of inmates.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C) (7), page 14 -15 states, “Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services procedure...Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff of opposite gender viewing their breast, buttock, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks...Staff of the opposite gender shall announce their presence prior to entering an offender housing unit...Announcements shall be recorded...If a staff member of the opposite gender is required to venture past privacy barriers, and no exigent circumstances exist, the staff shall verbally announce their presence to the offenders and allow the offenders to seek privacy from the staff...”

Policy IS20-1.3, “Searches”, page 8, states, “To the extent possible, strip searches will be conducted in an area to allow privacy to the offender. Strip searches will be conducted by staff members of the same gender, except in exigent circumstances. Exigent circumstances include: time delaying a search could allow for the destruction of evidence, escape of an offender, endangerment of life, health or property of staff members, offenders, or the public, emergency movement situations (i.e., crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons.” Page 3 of this policy states, “Male offenders will be strip searched by male custody officers.”

In the past 12 months there have been no cross-gender strip searches or cross-gender visual body cavity search. The facility did provide an example of the log that would be used if this would occur.

115.15(b) N/A FCC is a male only facility.

116.15(c) Policy IS20-1.3, “Searches,” also states, “Staff members will document a cross gender strip search on the cross gender search form. The shift supervisor will make all applicable notifications in accordance with standard operating procedures and forward the cross gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross gender search form. If it is determined the search was conducted under non-exigent circumstances, it will be referred for review and action as deemed appropriate. The PREA site coordinator will maintain the cross gender search form and supporting documentation as deem appropriate.”

This same policy also states, “Cross gender thorough pat searches of male offenders will only occur during exigent circumstances. These cross gender thorough pat searches will be immediately reported to the shift supervisor and the searching staff member will document the search on the cross gender search form. The shift supervisor will make all applicable notifications in accordance with SOP and forward the cross gender search form to the Prison Rape Elimination Act (PREA) site coordinator. The PREA site coordinator shall review the cross gender search form. If it is determined the search was conducted under non-exigent circumstances, it will be referred for review and action as deemed appropriate. The PREA site coordinate will maintain the cross gender search form and supporting documents for tracking purposes.”

Staff was emphatic that no cross gender strip searches are allowed at this facility except in the instance of exigent circumstances. All male inmates interviewed stated they have never had a female staff member strip search them.

115.15(d)

Policy D1-8.13, “Offender Sexual Abuse and Harassment states, “Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breast, buttock, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with divisional and institutional services procedures and community supervision and community release centers procedures regarding searches. “

Policy D4-4.8 Security Camera Operations, Section III (B), page 4 states “As authorized by the CAO, stationary security cameras should be positioned where placement will enhance security operations as to view live monitoring of visual images in areas where offenders may be located...Security cameras may be placed in restroom/shower areas when barriers or camera positioning prevents the capture of images of genitals, buttocks, or male breasts.” On page 5 of this same policy it states, “The CAO will designate authorized staff to review visual images at the original source as it relates to their assigned job duties as outlined in standard operating procedures. Access to visual images and recordings should be limited in order to maintain integrity and security. Custody posts designated for the specific purpose of viewing offender confinement within living environments where use of restroom, showers, strip cells, etc., occur shall be designated as same gender posts with the approval from the appropriate deputy division director.”

Auditor viewed a memo dated December 31, 2014 sent to all FCC staff regarding “PREA Policy in Regards to Suicide Camera Monitor.” This memo states, “Due to the new implementation of the PREA policy, the following practice will occur when female staff are working in HU 5 Administrative Segregation Unit. This is in regards to the suicide watch camera monitor installed in the COII office. If an offender is on suicide, or modified watch, and displaying nudity; his cell video display will be covered up with a 3 x 5 post it. This will remain in place while the female staff are on duty. If the female staff is assigned to work the HU 5 control room; the same practice will be applied to the camera monitor in that area. This is done so that the other cells can still be monitored.”

Policy IS6-1.3, “Offender Personal Appearance and Grooming,” states, “Offenders must be dressed at all times, as nudity is not permitted at any time other than when taking a shower or to address hygienic and bodily functions. Offender clothing shall be clean at all times and not worn in any manner or style to identify with or against a gang in accordance with institutional services procedures regarding offender conduct rules and sanctions. Offenders may be required to have clothing laundered at other than normal times due to sanitation or medical needs. Offenders should use privacy barriers provided when using the restroom and when changing clothes.”

Policy IS6-1.3, Offender Personal Appearance and Grooming, states, “Offenders must be dressed at all times as nudity is not permitted at any time other than when taking a shower or to address hygienic and bodily functions.” It also states, “Offenders should use privacy barriers provided when using the restroom and when changing clothes.”

Auditor reviewed memo dated July 15, 2013 addressed to all wardens from Dave Dormire, Director of Division of Adult Institutions, regarding “PREA Privacy Barriers.” The memo states, “During the May 2013 DAI Staff meeting, discussion occurred on installing privacy barriers/screens in order to comply with PREA standards. I appreciate your review and analysis of this matter. Be advised that you should move forward with installing privacy screens/barriers and have them installed by August 18, 2013. If you do not have sufficient institutional funds to install permanent privacy screens/barriers, you may install temporary privacy screens/barriers. It is my intent to request a new decision item to cover costs associated with PREA implementation, which could include cost to install permanent privacy screens/barriers. Thank you.”

Auditor reviewed random housing logs verified that each log contained a cross gender announcement. Examples of cross gender documentation included the following language, “...PREA announcement made by COI...” or “COI...makes PREA announcement (There will female staff on duty tonight...”

This auditor also reviewed post orders from FCC. The post orders include this statement, “At the beginning of every shift, you will announce FEMALE STAFF WORKING IN OR VIEWING YOUR LIVING AREAS. YOU ARE TO UTILIZE PRIVACY BARRIERS WHEN NECESSARY. This announcement and the time it was made will be logged in the chronological log.”

115.15(e) The facility has a policy prohibiting staff from searching or physically examining transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The policy SOP D1-8.13, Offender Sexual Abuse and Harassment, Section III, (C) (7c) states, "Staff members shall not perform strip – or pat-down searches or conduct physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center."

This is also prohibited in policy IS & SOP 11-34.1 Health Assessment and/or Physical Examination at Reception, page 5 and in IS & SOP 20-1.3 Searches, page 16. This policy reads, "The facility shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning the information as part of a broader medical examination conducted in private by the responsible physician."

Currently FCC has one transgender housed at the facility. Staff stated they were not allowed to pat search an inmate to determine their genitalia. Intake staff stated if there was a question on the genital status of an inmate, medical would conduct the physical search.

Also in policy IS & SOP 20-1.3 Searches, page 17, it reads, "Gender Unknown Through Pat Search: At the diagnostic center, if the gender of the offender is unknown, a female staff will be assigned to perform the pat search." On page 17 it also reads, "Transgender or Intersex Thorough Pat Search: When thorough pat searching a transgender or intersex male offender's upper torso, male staff member will utilize the male offender search technique."

115.15(f) Training requirements for cross-gender pat down searches of transgender and intersex offenders can also be found in SOP D1-8.13 Offender Sexual Abuse and Harassment, page 13. This policy states, "Staff members shall be trained in how to conduct cross-gender pat-down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs."

Auditor reviewed MDOC statewide lesson plan titled Institutional Searches dated October 2014. Instructions from cross-gender searches can be found on pages 13-14; the lesson plan reads, "As stated before, pat searches are preferable if conducted by same gender staff, but that is not always practical and a cross-gender search must be conducted. The cross gender search is comparable to a same gender pat search but when performed the officer will utilize the back of the hand to search the following areas: 1) chest or breast area, 2) sides, 3) armpits, 4) lower abdomen, and 5) buttocks. Please note a male officer search a female offender will only occur during an exigent circumstance. Policy IS20-1.3 states that an exigent circumstance is any set of temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility." At this point of the lesson plan, participants watch two training videos: "Thorough Female on Male" (7:40 minutes) and "Thorough Male on Female" (7:58 minutes).

Transcript for the Thorough Female on Male Pat Searches can be found on pages 16-17; the lesson plan reads, "Have the offender face you and have them open their mouth while examine it for contraband. Have the offender show you the front and back of their hands. Have the offender remove any loose braids or bunched hair and have the offender lean forward, as they run their hands/fingers through their hair for visual inspection. If the offender does not provide you with an acceptable inspection you may, with the use of protective gloves, search the offender's hair. Have the offender show you the front and backs of their hands again; this will help prevent the movement of contraband between these areas. Have the offender turn around and approach the offender from behind, positioning yourself in a defensive stance at approximately 45 degrees angle. Instruct the offender to place their feet shoulder width or wider apart. Before you begin your search you must also remember to keep a visual on the offender and be mindful of your safety. Whenever searching an offender, no matter the gender, it is important to always be in a defensive stance and keep one hand placed on the back, shoulder or lower back of the offender. By keeping your hand on the offender you have a quicker reaction time to any sudden movements and the possibility of the offender becoming violent. Begin your search at the collar sliding the hand over the material. Using the palm of the hand, search the shoulder area and proceed along the top of the arm to the end of the shirt sleeve. Upon reaching the end of the sleeve use the back of the hand to search the underside of the arm. Slide the back of the hand along the under arm to the armpit. Using the back of the hand, slide it down to the offender's waist. From the armpit, use the back of your hand and search down the offender's side to the waistband. At the waistband, rotate the hand while simultaneously sliding it along the offender's waistband until the fingers come to rest in the center of the back just above the waistband."

RECOMMENDATION: The new Site Coordinator should access tools located on the PREA Resource Center's website (<http://www.prearesourcecenter.org>) This site has tools and guidance on the implementation of the National PREA Standards. A copy of the standards can also be found on this site. It is also recommended the new site coordinator take several afternoons and familiarize herself with the standards and the FAQ's on implementation.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC has established procedures to provide disabled inmates and inmates with limited English proficiency equal opportunities to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

115.16(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C) 6, pages 10 - 11 state "The department shall provide PREA related education in formats accessible to all offenders including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If the documents are unable to be translated as a recognized language the departments PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through the PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment."

FCC provided examples of PREA Brochures and Acknowledgement Forms in the following languages: English, Japanese, Servo Croatian, Spanish, Vietnamese, Russian, Simplified Chinese, Traditional Chinese, Large Print and Braille. PREA posters were in English and Spanish.

Transcripts of the video, "Speaking Up," from the National Institute of Corrections are available for the hearing impaired. They are available in English and Spanish.

IS/SOP 5-1.2, "Institution Receiving and Orientation", Section III (B)(2)(dd), pages 3 and 4 reads, "****SOP: The Corrections Classification Assistant (CCA) assigned to conduct PREA orientation with the offender will be responsible to identify offenders unable to understand the material normally presented. Whenever an offender needs PREA information formatted outside of the normal material provided an electronic message will be sent to the site coordinator for each instance noting the reason additional resources were needed with the name and number of the offender involved. Offenders assigned to reception and orientation will be provided PREA orientation to include the Offender Brochure on Sexual Abuse and Harassment and the PREA video the next working day following intake. Offenders assigned to segregation upon intake will be provided the Offender Brochure on Sexual Abuse and Harassment from the assigned case manager and will view the PREA video when assigned to the orientation unit prior to being placed in general population. The PREA Offender brochure is available in English, Japanese, Russian, Serbo-Croatian, Simple Chinese, Traditional Chinese, Vietnamese, Spanish, and large print via the department's PREA link. The staff overseeing orientation will make available upon request the appropriate brochure when needed.

IS/SOP 5-2.3, "Offender Internal Classification," Section III (D)(2), page 3 states, "****SOP: Offenders will not be disciplined or required to answer or disclose information related to disabilities, sexual orientation, victimization or perception of vulnerability. If determined during the assessment the offender appears to be at imminent risk to be a victim of sexual abuse the FUM will be immediately notified. The FUM will meet with the offender and ensure the offender is aware of reporting victimization procedures and feels safe in his present housing and work assignment. If question #12: *"Is the offender or does the offender appear to the rater to exhibit characteristics of a Gay, Lesbian, Bisexual, Transgender, Intersex, or Gender Nonconforming individual?"* or Question #11 regarding developmental, mental, or medical disability marked yes or the offender refuses to answer question #12 the case manager will notify the PREA site coordinator by e-mail."

PREA posters were located throughout the facility in English and Spanish.

Currently FCC has three staff members that can be used as an interpreter: one staff member for Spanish, one staff member for German and one staff member for sign language.

Random staff interviews indicated that staff was aware of other staff member that could be used as interpreters. The overall consensus on

using offenders as interpreters can be summed up by this quote, “Only if the safety and security of the facility was a factor.”

On the day of the onsite portion of the audit there were no inmates with limited English proficiency or were hearing or visually impaired housed at FCC.

It should also be noted that as part of all institutional basic training, staff receive a two hour course on special needs offenders. This course focuses on comparing and contrasting individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Staff will assess potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

115.16(c) Policy D5-5.1, Deaf and Hard of Hearing Offenders, reads, “The deaf or hard of hearing offender shall be offered the assistance of qualified interpreters and have other auxiliary aids expressed to them during the diagnostic process. The methods for requesting accommodations or modifications shall be reviewed with the offender. Deaf or hard of hearing offenders shall be advised of the request for reasonable accommodation from and how to obtain it. The waiver of certified and licensed interpreter will be reviewed with the offender. Medical staff shall complete the medical verification section of the request for reasonable accommodation form and consult with the caseworker and the Americans with Disabilities Act site coordinator to determine the appropriate accommodations for the offender.”

It should also be noted that listed in the FCC’s Coordinated Response is the following statement, “Offender interpreters will only be used in exigent circumstances. If an interpreter is needed, notify the PREA Coordinator/designee immediately for assistance.” **NOTE:** No inmate interpreters have been used in this type of circumstance.

Standard 115.17 Hiring and promotion decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC has several policies in place that prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor, volunteer, or intern who has engaged in sexual abuse of an inmate.

115.17(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B), pages 7 – 8 states, “Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known that he has engaged in sexual abuse with an offender...”

A blank copy of the application for employment for FCC was provided to the audit team. The audit team was able to locate these three questions:

- While working or volunteering at this facility, were you terminated or otherwise disciplined or counseled for sexual contact with or sexual harassment of an inmate, detainee or resident of the facility?
- Have you pled guilty to or been found guilty of engaging in sexual activity or attempting sexual activity involving force or inflicted upon a person unable to give consent?
- Have you been found to have engaged in sexual activity or attempted sexual activity involving force or inflicted upon a person unable to consent, by a civil or administrative body? This includes actions taken upon a professional license or a professional registry and any internal administrative investigation results.

FCC provided documentation of background checks done on new hires and those employees up for promotion. Documentation was also provided showing previous employers were contacted regarding incidents of previous sexual abuse and sexual harassment of incarcerated individuals.

Auditor reviewed two random files and found background checks have been completed. One file was a new hire and the other file was a promotion.

115.17(b) Policy D1-8.13 Offender Sexual Abuse and Harassment further states, “Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor...”

The human resource indicated that questions asking if applicants have ever worked in a facility governed by PREA include questions on sexual harassment. If they indicate “yes” on the application, it is investigated.

On the copy of the blank application (appendix 1) given to the audit team it reads, “Effective August 2013, the Department of Corrections must be compliance with final standards implementing the Prison Rape Elimination Act (PREA), issued by the U. S. Department of Justice. The following questions are being asked of all applicants who may have contact with offenders as part of their regular job or volunteer duties.” (The questions listed are sited under documentation for 115.17(a).)

115.17(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, also states, “Before hiring new employees the human resources staff members or designee shall perform a criminal background records check and contact all prior institutional employers when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse...”

The following hiring policies also have a PREA component: D2-2.1, Selection Procedure – Merit Appointments, page 8; D2-2.2 Background Investigations, pages 2, 4, 5; D2-2.8 Promotional Appointment, page 3; D2-2.10 Re-Employment Appointment, page 3; D2-13.1 Volunteers, page 6; D2-13.2 Student Interns, page 4. Each of these policies has the following statement, “A background investigation shall be conducted in accordance with the department procedure regarding background investigations.”

The human resource at FCC states that criminal background checks are done for all newly hired and returning employees.

While onsite, the auditor reviewed the month of March 2016 and found background checks on employees and contract employees.

115.17(d) D2-2.2, Background Investigations, defines a staff person as any person who is employed by the department on a classified or unclassified basis (permanent, temporary, part-time, hourly, per diem) and are paid by the State of Missouri’s payroll system; contracted to perform services on a recurring basis within a department facility (such as medical services, mental health services, education services, vocational services, substance abuse services, etc.) pursuant to a contractual agreement and has been issued a permanent department identification card; a volunteer in corrections; a student intern; or issued a permanent departmental identification or special access card or special access in accordance with department procedure regarding staff identification.”

The facility’s human resources reported the following, “Mules are ran on employees on three specific occasions. The first is before they are hired, to ensure there are no active wants, warrants, or criminal history that was disclosed on their application. The second reason is done for promotional appointments, and the third occasion is during their birth month. This is to ensure that their driver’s license is up to date and that there are no new changes in criminal charges or convictions.”

115.17(e) D2-11.14 Annual Employment Requirements reads, “Each calendar year, in the month following each staff member’s birth month, specific employment requirements verifications should be conducted; a criminal history check shall be conducted to include outstanding warrants...” The policy goes on to read, “Criminal history checks will be conducted and will consist of a query through the Missouri Uniform Law Enforcement System (MULES), and the National Criminal Information Center (NCIC) system. Staff members conducting the Missouri Uniform Law Enforcement System and National Criminal Information Center checks will document the name and title of the requestor and the reason for the request on the criminal history record log/printout. When adverse findings are not, the CAO will be notified and copied on the criminal history printout.”

Policy D2-2.2 Background Investigations reads, “A check will be conducted on the active employee through Central Office Human Resources to inquire if there has been any formal discipline for substantiated allegation(s) of sexual abuse and/or harassment of an offender or resident. All sustained allegations will be considered by the department before an employee is considered for other appointments.”

115.17(f) The auditor also reviewed the employee handbook. On page 18, “Employee Conduct – Reporting Criminal Misconduct (Arrest)” states, “Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest ranking staff member available. In this context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation.

The human resources stated that it specifically listed on their applications that all arrests are to be reported to the facility.

115.17(g) On page 45 of the employee handbook, “Employee Discipline,” it states, “Appointing authorities of the Department are authorized

by state law to discipline employees. Disciplinary action may consist of a written reprimand, suspension, demotion, or dismissal. The appointing authority may discipline an employee based upon unsatisfactory performance of job duties or misconduct...In addition to these actions while on duty, an appointing authority may discipline an employee for off duty misconduct, especially misconduct that is unprofessional or criminal. Employees who have been charged with a criminal offense may be suspended while the charge is pending.”

115.17(h) Policy D2-5.1 “Maintenance of Employee Records”, page 7, Section (III)(K)(3) states, “A verification of information, other than public information, will be made with a written authorization from the employee. Verification may include inquiries from prospective institutional employers pertaining to sustained allegations of sexual abuse and/or harassment of an offender or resident during employment by the department. Such information will be obtained by contracting central office human resources.”

Standard 115.18 Upgrades to facilities and technologies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.18(a) N/A FCC has not acquired a new facility or made a substantial expansion to the existing facility since August 20, 2012. FCC last PREA audit was January 2015.

115.18(b) FCC has installed and updated their video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 but not since the last PREA audit. FCC’s last PREA audit was January 2015.

PREA Annual Report Protocol “At least once a year, the facility must evaluate their need for additional cameras and monitoring systems.”

FCC reported, “Currently Farmington Correctional Center has 19 Pelco DVRs and 1 Ameba DVR. There are a total 529 Cameras located in various locations inside and out the Institution. Each Housing Unit (1-9) has a minimum of 1 camera in each wing. We have begun to install a second camera in the wings in a few of the Housing Units with the goal of having 2 cameras in each wing in the next 2 years. Our Segregation Unit (5) has 2 cameras in each wing (A,B,D), 4 cameras in C Wing, 2 in the Sally Port, and a camera in each of the 8 “Suicide Cells.” Cameras have been installed in the Laundry, Main Production, Maintenance, and B Dining in the past year. Also more hard drive space has been added to increase the recording time of the DVRs. FCC now has 2 Electronic Technicians. They install and service the DVRs and Cameras. They are also the backup contact to save video in rare cases that I am not available.”

While touring the FCC it was noted that the facility camera placement along with direct supervision of the staff reduced blind spots and enhanced the safety of the offenders housed at this facility.

Standard 115.21 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC is responsible for conducting administrative and criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). Investigations conducted at FCC follow a uniform evidence protocol. This protocol is also developmentally appropriate for youth.

Forensic medical exams are offered without financial cost to victims. All exams, where possible, are conducted by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners. If they are not available qualified medical professionals conduct the exams.

Qualified Staff trained as victim advocates are made available to all victims.

115.21(a) Auditor reviewed FCC's "Evidence Procedure Manual." Evidence collection is based on nationally recognized protocols for collection and preservation of evidence as discussed in the "A National Protocol for Sexual Assault Medical Forensic Examinations." The State PREA Coordinator reports, "We didn't use a specific source; we follow the national standards based on training received."

Corizon Health is responsible for providing all medical and mental health services to offenders placed in the custody of MDCO. They are responsible for conducting initial medical exams on all sexual abuse cases. Auditor reviewed the contractual requirements MDOC has with Corizon. On pages 42 and 43 of the contractual requirements, it reads "Corizon will comply with the Prison Rape Elimination Act of 2012 and will follow and enforce the MDOC's D1-8.14 Offender Sexual Abuse and Harassment policy with the assurance that access to medical and behavioral health care will be provided immediately, upon report or discovery, to victims of sexual misconduct. Corizon's medical and behavioral health care staff will contribute to a coordinated response to all allegations of sexual abuse by relaying, to the designated MDOC administrative staff, information pertinent to the well-being of the offender(s) of for investigative purposes. Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treatment. Corizon has contracts and access through HealthLink for accessing SANE/SAFE providers. Appropriate follow-up for prophylactic treatment and referral to mental health staff will be completed upon return from the crises center."

During the interviews of random staff all stated they would secure and separate the offenders. They explained they would not allow anyone to shower, get a drink or change clothes. They stated they would secure the scene and notify their supervisor. While some of the staff was not sure who was responsible for conducting the sexual abuse investigations, they all knew their role in preserving evidence.

115.21(b) Evidence collection is based on nationally recognized protocols for collection and preservation of evidence as discussed in the "A National Protocol for Sexual Assault Medical Forensic Examinations." The State PREA Coordinator reports, "We didn't use a specific source; we follow the national standards based on training received." The State Coordinator also reports this protocol is appropriate for youth.

115.21(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (G) Health Services Care, pages 17 – 20, states "Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment. When conducting a medical assessment of any victim or alleged or suspected perpetrator of an incident of sexual abuse or sexual harassment health services staff members may not collect evidence but shall assist in the preservation of items related to the incident. Health services staff members should screen victims for obvious physical trauma, and at that time provide emergency medical care. If an allegation of offender sexual abuse is made within 72 hours of the event and consists of penetration of the mouth, anus, buttocks or vulva, of any kind, however, slight, by hand finger, object instrument or penis, the victim should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible, for gathering of evidence. If it has been greater than 72 hours since the alleged abuse, and the alleged victim has not showered, they should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible for gathering of evidence. Health services staff members should contact the shift commander and the community emergency room to arrange transportation to the emergency room in accordance with institutional services procedures regarding offender transportation, hospital and specialized ambulatory care. If the victim has showered and it has been more than 72 hours since the reported assault, the physician should determine treatment and whether or not the victim will be sent off site for a forensic exam. For investigative purposes, the investigator may choose to have the victim sent out for a forensic exam."

Corizon has trained several of their nurses to conduct SANE exams in specific regions of Missouri. To date Corizon has 32 certified SANE nurses – FCC has one of these nurse assigned to the facility. The auditor reviewed the following information from the SANE Planning and Implementation Team Report:

"The SANE Planning and Implementation Team was impaneled to ensure the agency's coordinated response to sexual abuse is revised, staff from all divisions are aware of their role and responsibility when responding to allegations of sexual abuse and that the SANE protocol is successfully implemented in prisons across the state.

SANE Nurses:

- Corizon will maintain a list of SANE nurses by region: Northwest, Central and Southeast. The PREA Unit will post the most recent listing on the PREA intranet page and email the list to the facilities.

- All SANE nurses will be issued a “Special Access” identification to alert security staff that the nurse has been approved for work at multiple prisons.
- When arriving at a prison to conduct a forensic exam, the SANE will have a clear tote which contains materials necessary to conduct the forensic exam. The tote will have a laminated list of its contents on the top of the tote. The PREA Unit will post the most current list of the SANE tote contents on the PREA intranet page and email the list to the facility.
- Consent from the victim is required to conduct a forensic exam. If the victim does not consent to the exam, the victim will receive be offered medical, mental health and advocacy services. The investigation will proceed.
- The SANE will conduct the forensic exam which includes details of the abuse, digital photographs of any injuries noted during the exam, collections of biological evidence utilizing a sexual assault evidence collection kit and the completion of the State of Missouri’s Sexual Assault Forensic Examination Program Report.
- It should be noted, that SANE Nurses will only collect forensic evidence from victims. Evidence from a perpetrator will be collected by the Office of the Inspector General by consent or court order.
- In the unlikely event that a staff person is the perpetrator, the victim will be transported to a community hospital for the forensic exam.

Forensic Exams and Security:

- If a victim is escorted to medical in handcuffs, the handcuffs will be removed unless the victim’s behavior appears to present a safety concern for medical staff. In such a case, the shift commander has the discretion to require the offender to remain in cuffs during the procedure.
- Privacy screens will be utilized during the forensic exam. The screen will afford the victim a degree of privacy while still allowing officer to hear and provide security during the procedure.

Flow of events:

- An offender makes an allegation of penetration.
- The shift commander is immediately notified and the coordinated response is initiated. Shift commander notifies the following staff by phone: CAO of the facility, CO Duty Officer, Investigator and PREA Site Coordinator.
- The offender is escorted to medical.
- If the event is alleged to have occurred within 120 hours, the offender has not showered or a forensic exam is otherwise indicated, the SANE protocol will be initiated.
- Medical will ensure the on call SANE nurse is notified and request the nurse’s ETA. The SANE is required by policy to report to the facility within 3 hours of notification.
- Medical will communicate with the shift commander the name of the SANE nurse and the nurse’s ETA.
- Shift Commander will notify the investigator, mental health staff and the advocate of the ETA of the SANE nurse.
- Where applicable, the community advocate will be notified. If the community advocate is unavailable, the chaplain on rotation will be call to report to the facility.
- The advocate will provide support to the offender prior to the forensic exam and during if requested.
- The investigator will conduct a brief fact gathering interview with the victim prior to the exam.
- Following the forensic exam, the victim will be assessed by mental health.
- The SANE nurse will give the camera to the investigator who will transfer the photos taken of the injuries noted during the exam to DVDs for the medical file and the investigative file.
- The SANE nurse will provide the investigator copies of all reports completed during the exam.”

Effective September 1, 2016, cases involving the need for a forensic exam will no longer be out counted. In the past 12 months, one SANE exams have been conducted for FCC.

Beginning October 13, 2016, FCC’s coordinated response was modified to reflect this change: “If the victim sustained injuries that requires emergency room care or if alleged perpetrator is a staff member, the victim will be transported to Parkland Hospital #573-756-6451 with a SANE program for evaluation and a sexual assault exam. If the victim does not have serious injuries, and the victim consents to the sexual assault exam. Notify the SANE nurse. The ETA of the SANE nurse should be obtained. Notify the Shift Commander of the initiation of the SANE protocol and the ETA of the SANE nurse. SANE nurse will: Report to the facility within 3 hours of initial notification when possible. Conduct the sexual assault exam. Provide a copy of the report and the photos to the investigator. If after speaking with the investigator the victim refuses to consent to the exam, medical will have the offender sign the medical refusal form which will be forwarded to the PREA Site Coordinator to be included in the PREA Event File.”

115.21(d)(e) In addition, policy D1-8.13, “Offender Sexual Abuse and Harassment,” Section III (K) page 20, addresses Advocacy. It states, “Each facility shall offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention and be available during the investigative process. Each facility shall attempt to enter into a memorandum of understanding with a rape crisis center to provide advocacy services in accordance with the department’s procedure regarding professional and general services contracts. If a facility is unable to enter into a memorandum of understanding with the advocacy center, the attempt

shall be documented and advocacy services shall be sought from a community based organization qualified to provide such services. When the facility cannot successfully enter into a memorandum of understanding with an outside community service provider for offender victim advocacy services, a qualified staff victim advocate shall be provided. All staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. All services provided by staff victim advocates to offender victims shall be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee shall serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee shall ensure the continuity of advocacy services in the event the victim is transferred while receiving services.”

FCC has entered into a Memorandum of Understanding (MOU) with Southeast Missouri Family Violence Council. This MOU is dated October 2013. It outlines the roles and responsibilities of each party and contains the language “ongoing from date of signature.”

During the tour of FCC information about outside emotional support services, such as Just Detention International, was posted throughout the facility.

Most of the inmates interviewed stated they were not aware they could have access to an advocate if a PREA allegation was reported.

RECOMMENDATIONS: It is recommended that offenders are re-educated about emotional support services available at the facility. One way this can be done is during meetings between offenders and their case managers. Case managers can have this information readily available in their offices if they receive a report that sexual abuse has occurred.

The audit did review a blank “Consent for Facility Advocacy Services.” Auditor also reviewed notes from a Chaplain acting as an advocate. These notes indicate the Chaplain outline what he could and could not do as an advocate and that he did sit in on the investigatory interview.

115.21(f) N/A The Missouri Department of Corrections conducts all offender sexual abuse and harassment investigations. All allegations that appear to be criminal are investigated by the Office of the Inspector General. Sexual harassment investigations as well as investigation regarding pat searches are investigated by the facility’s Administrative Inquiry Officer (AIO) who reports to the warden.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency ensures that administrative or criminal investigations are completed on all allegations of sexual abuse and sexual harassment. All allegations of sexual abuse or sexual harassment are referred to the Inspector General for review. They determine if a criminal investigation is to be opened. If they do not open a criminal investigation, the warden then refers the case for administrative investigation.

115.22(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (H) Investigations, page 20-21, states, “The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department’s intranet website...”

See also policy D1-8.4 Administrative Inquiries, page 6, reads “The offender sexual abuse coordinated response will be initiated on all allegations of offender sexual abuse or harassment, including anonymous and third party allegations, in accordance with the department’s procedure regarding offender sexual abuse and harassment...Allegations of category II or III behaviors will be processed in accordance with the department procedure regarding the investigation unit responsibilities and actions. Allegations of offender abuse related to pat searches will be handled in accordance with the PREA coordinated response protocol. The office of inspector general may conduct investigations associated with pat searches depending on the nature of the allegation.”

During the past twelve months, FCC received 47 allegations of sexual abuse and sexual harassment. Of these cases 12 resulted in

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administrative investigations and 35 were referred for criminal investigations.

115.22(b) Policy D1-8.1 Investigation Unit Responsibilities and Actions define offenders' sexual harassment by a staff member and staff member sexual misconduct. On page 7 of this policy it reads, "The facility shall report all allegations of sexual abuse, including third-party and anonymous reports, in accordance with the department procedure addressing offender sexual abuse and harassment. If the department receives notification from another agency that an offender alleges to be a victim of sexual abuse or harassment while incarcerated in the department, an investigation or inquiry may be conducted in accordance with investigation unit responsibilities and actions or administrative inquiries procedures."

115.22(c) Policy D1-8.13 Offender Sexual Abuse and Harassment can be found on MDOC website at <http://doc.mo.gov/OD/PREA/php>

Standard 115.31 Employee training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC trains all employees who have contact with inmates on the 10 elements identified in this standard.

115.31(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (4), page 8, covers training requirements for new staff, current staff, part-time employees, volunteers, contract staff members and vendors. "All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years, in which an employee does not receive training, the department's PREA coordinator shall provide current information on sexual abuse and sexual harassment policies. Part-time employees, volunteers and contract staff members shall receive PREA specific training to their classification as determined by the appropriate division director and chief of staff training. Vendor contractors shall be escorted by a staff member at all times or shall receive PRA training prior to entering the facility. Contracted residential facilities shall ensure all staff are trained on PREA as outlined in the residential contract. Work release supervisors shall receive specific PREA training during their offender work release procedure training."

Auditor reviewed the following curriculum: Basic Training, dated November 2013; and PREA 2014 Refresher Training. Both the Basic Training and the Refresher Training curriculum contained the 10 elements required in this standard.

All staff interviewed during this audit was able to describe major portions of the training they received on PREA.

115.31(b) Policy D1-8.13 Offender Sexual Abuse and Harassment also reads, "All new staff member who shall be placed at a male facility will receive Working with the Female Offender training prior to being placed on post. A staff member shall receive additional training if they are reassigned from a facility that houses only male offender to a facility that houses only female offenders. A staff member shall receive additional training if they are from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional training occurred more than two years prior to the time of assignment."

Policy D2-2.13 Transfer of Employees (E), page 6, covers training requirements for staff that transfer between facilities.

115.31(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (B) (4) reads, "All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years, in which an employee does not receive training, the department's PREA coordinator shall provide current information on sexual abuse and sexual harassment policies."

Auditor reviewed four random staff files and found certificates of completion, as well as, signed acknowledgments indicating that staff understood the PREA training received.

Auditor was also advised, "The department utilizes several avenues to ensure staff are kept informed about sexual abuse policies and practices

between trainings. The department's policy and procedure unit is responsible for forwarding all new and revised policies to all staff. MDOC ensures the PREA intranet page is kept up to date. This page is readily available to all staff and contains all things PREA." (Auditor was provided an example of what this page looks like.)

115.31(d) Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, "All completed PREA trainings shall require a PREA Acknowledgement form or PREA basic training acknowledgement form stating the staff member understood and completed the training. This form shall be routed through the facility-training officer or regional training coordinator. The facility training officer or regional training coordinator shall send the original PREA acknowledgement form to the central office human resources personnel for retaining in the employee's personnel file..."

Standard 115.32 Volunteer and contractor training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

115.32(a)(b) Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, "Part-time employees, volunteers and contract staff members shall receive PREA specific training to their classification as determined by the appropriate division director and chief of staff training. Vendor contractors shall be escorted by a staff member at all times or shall receive PRA training prior to entering the facility. Contracted residential facilities shall ensure all staff are trained on PREA as outlined in the residential contract. Work release supervisors shall receive specific PREA training during their offender work release procedure training."

Auditor reviewed the following curriculums:

- PREA Basic (This is the same training that all staff receive.)
- Volunteers in Corrections Basic Training (6 hour course)
 - This course teaches volunteers to identify the characteristics of a PREA victims and perpetrator and how discrimination and harassment may affect the workplace.

Offenders Work Release Supervisor Training (5 hour course)

- This course teaches signs of offender sexual abuse and to identify appropriate responses to be taken by staff when there is an allegation of sexual abuse. In March 2016, 26 participants completed this course and the auditor found signed acknowledgments for every participant.
- The Profession of Corrections and PREA (2 hour course)

While interviewing contract staff, they reported they receive PREA training from the facility. Corizon provided a roster of staff receiving PREA training from Corizon.

In addition, the auditor reviewed five signed acknowledgment of receiving and understanding PREA training in 2016.

115.32(c) Auditor reviewed random acknowledgements of receiving and understanding the Annual PREA Refresher from records maintained by FCC. The auditor reviewed eight random acknowledgements signed by Corizon staff and three acknowledgements signed by work-release staff.

Standard 115.33 Inmate education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC provides information to inmates at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and harassment.

115.33(a) Memo from Director of Division of Adult Institutions, dated 4/11/2012 to all Wardens discussed PREA – Offender Education. This memo stated that “Speaking Up” video must be shown during formal orientation at all Reception and Diagnostic Facilities and again when they arrive at mainline facilities. They must also receive the PREA brochure “Offenders Sexual Abuse: What you need to know.”

Auditor toured the FCC intake area was taken through the intake process. Intake staff stated that PREA information is provided to all offenders on the day they arrive at FCC even though they have up to 72 hours. They do not leave intake without watching the PREA video. They are also given a brochure at this time.

When talking with inmates at FCC, all stated they watched the PREA video and received PREA information upon arrival. They could not remember exactly what it was; however, they do remember talking about PREA.

From March 2016 to March 2017, 2,162 offenders have entered FCC and received PREA education material.

115.33(b) Auditor reviewed memo from FCC administration to intake staff. It states, “It is necessary for all offenders arriving at FCC by way of transfer from other institutions view, discuss and acknowledge their participation in the PREA video. In order to make sure that each has that opportunity, we want to insure that all participating staff in this goal are following the same protocol. These instructions are to be followed by the bed broker, Housing unit 1 (or R&O) staff, and Housing Unit 5 (Adseg) staff. Any deviation from this protocol must be approved by the PREA site coordinator or his/her designee. When a new arrival is received at FCC who is to be housed in general population, the first Friday they are here, they will report to Building 17 to meet with staff to view and discuss the video. Upon arrival in building 17 they will be marked off the **transfer in** list for that week and will sign a **OFFENDER SEXUAL ABUSE AND HARASSMENT ACKNOWLEDGEMENT form (MO931-4505)**. That list will be **kept with the bed broker** for future reference. The form will be forwarded to HU 1 staff for filing. If a new arrival is placed in Adseg upon his reception at FCC, and he is kept there for more than 1 week, the bed broker will contact the Housing Unit 5 FUM to arrange for that offender to be escorted to building 17 for viewing of the PREA video. It will be necessary for the bed broker to check the **transfer in** lists that have been kept from the past weeks to insure that no one is missed. Housing Unit 5 staff can and should contact the bed broker if it appears that the offender is going to spend more than 7 days in Adseg (pending bed space, PC needs, sanctions accrued during or before the placement in housing unit 5, etc.). If the offender is released from Adseg, he will view the video the following Friday with that week's **transfer ins**. Any offender that refuses to attend the orientation video session, will receive a conduct violation for disobeying an order. In cases of Friday holiday, those offenders will be shown the video on the following Friday.”

FCC also provided examples of chronological notes in the inmate's file indicating when this education was provided. Auditor also reviewed four signed inmate acknowledgments.

115.33(c) Auditor reviewed an email sent out to all Site Coordinators from the Statewide PREA Coordinator on August 12, 2013. This email contained the following directive: “Don't forget that sometime between August 8 and August 13, every offender in your facility must receive a PREA brochure and sign the acknowledgement form. I have attached the memo that you received during the meeting that will outline how to order additional brochures or acknowledgment form. Also...we learned during the DAI meeting that everything can be purchased with canteen funds.”

115.33(d)(f) Policy D1-8.13 Offender Sexual Abuse and Harassment Section III (C) 6, page 12, discusses Offender Education must be provided in the native language of the inmate and in formats that deaf, visually impaired or otherwise, can understand. It also states, “Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable

accommodations to provide these documents in the offender's native language. If the documents are unable to be translated in the offender's native language the department's PREA site coordinator or designee shall work with additional staff to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through the PREA posters, the offender rulebook and the offender brochure on sexual abuse and harassment in accordance with the institutional services procedure regarding diagnostic center reception and orientation.”

FCC provided examples of PREA brochures and posters in the following languages: English, Japanese, Serbo Croatian, Spanish, Vietnamese, Russian, Simplified Chinese and Traditional Chinese. Brochures are also available in large print and braille. There are also written transcripts of the video “Speaking Up for Female Offenders” in English and in Spanish.

Throughout the tour the audit team viewed PREA informational posters in all living units and other areas inmates gathered. These posters were in English and Spanish.

115.33(e) Auditor also reviewed information placed on FCC inmate television outlining the zero tolerance policy and how to report a PREA allegation or concern.

Standard 115.34 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC requires that investigators be trained in conducting sexual abuse investigations in confinement settings. Agency maintains documentation of such training.

115.34(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (5), page 8, states, “All new investigators and administrative inquiry officers (AIOs) or designee assigned to investigate sexual abuse allegations shall receive specialized PREA Training by the designated inspector general’s office staff members.”

115.34(b) Auditor reviewed the curriculum “Investigating Offender Sexual Abuse in Confinement Settings,” 36 hour course designed for Inspector General staff and Investigators. This curriculum was last revised September 24, 2012 and covered the following topics:

- Techniques for interviewing sexual abuse victims (Module 4 “Investigating Allegations of Sexual Abuse,” pages 12 – 16)
- Proper use of Miranda and Garrity (Module 2 “State Laws and Policies” pages 22 – 26)
- Criteria and evidence required to substantiate a case for administrative or prosecution referral (Module 4 “Investigating Allegations of Sexual Abuse” page 8 -11 and pages 18 -30)

This training curriculum also included a module titled “Mock Crime Scene Investigations” wherein participants took what they learned in previous modules and applied it a practice setting.

115.34(c) The auditor reviewed training logs from January 2013 through September 2014 and found that 33 investigators had been trained statewide. The Investigators also signed acknowledgments stating they received and understood this training. This training roster included the investigators assigned to FCC.

Standard 115.35 Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC has a policy related to training of medical and mental health practitioners who work regularly on its grounds. They **do not** provide forensic examinations. Regional SANE nurses provide forensic exams from Corizon.

115.35(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) page 9, states, "Medical and mental health staff members shall receive annual specialized PREA training."

Auditor reviewed curriculum "PREA Specialized Medical/Mental Health Professionals" dated September 2012. This course is worth four hours and covers the following topics:

- How to detect and assess signs of sexual abuse and sexual harassment (pages 17 – 19)
- How to preserve and physical evidence of sexual abuse (pages 20 -22)
- How to respond effectively and professionally to victims of sexual abuse (page 23)
- How to and whom to report allegations and suspicions (page 15 – also addresses mandated reporting)

During this training, participants also viewed an eleven-minute film titled "Maintaining Professional Relationships with Offender." After viewing this film, participants were required to sign an acknowledgement form stating they viewed and understood the film.

115.35(b) N/A The medical staff at the facility to not conduct forensic exams.

115.35(c)(d) Auditor reviewed training information that 26 medical and mental health employees received a PREA refresher. Medical/Mental Health Staff states their staff is required to attend the CORE training provided by the facility. Staff interviewed articulated what was provided in training and were able to discuss their responsibility as mandated reporters. Each staff member interviewed was able to explain FCC's coordinated response.

Standard 115.41 Screening for risk of victimization and abusiveness

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC has policy that addresses risk assessment screening upon admission to their facility as well as addresses reassessment requirements.

115.41(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C), pages 10 -11, states "Facilities shall assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure...Offenders shall be assessed within 72 hours of arrival. Offenders shall be reassessed within 30 days of arrival."

The time frame for administering the Internal Risk Assessment is also found in IS & SOP version of 5-2.3, Offender Internal Classification. On page 3, Section C (1), states, "Once an offender is received at the reception and diagnostic center, staff members will have seventy-two hours to complete an internal classification. In this same policy on page 4 in Section D (2) states, "CCM's will conduct a new internal classification within 72 hours at that facility and the offender will be housed in accordance with their new internal classification score."

The risk assessment tool is completed on all arrivals within 72 hours, unless they sign the refuse to participate form. They are also reassessed at the 30-day mark to see if any changes have occurred. (Auditor did reviewed an example of “Refusal to Participate” form that inmates can sign if the refuse to participate in the risk assessment. Inmates are also told no sanctions will be given for refusal to participate.)

Inmates that were interviewed stated they remembered being asked a “bunch of questions” at when they were at intake. They reported they were asked about prior sexual abuse, if they had ever been incarcerated before and if they were gay or bisexual

There were 2,162 inmates entering FCC within the past 12 months were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. All assessments were completed in a timely manner and according to standards.

115.41(c)(d)(e) Auditor reviewed FCC’s risk screening tool and found all 10 elements in this standard were covered. Auditor also reviewed random assessments and found that they were completed within 72 hours of intake and also conducted another random sample of 30 day reassessments and found they were completed within the required time frame. This tool has been adopted by MDOC and is used in all of their state operated facilities.

Auditor also reviewed the “The Adult Internal Risk Assessment Manual” which contained relevant information on how to complete the internal risk assessment. For example this manual contained information found in agency policy for example information on reassessment requirements can be found on page 8 and on page 9 a user can find information on how to interview an offender to obtain the information necessary to accurately completing the assessment. The manual was well laid out, provided explicit instructions on how to score the assessment and included screen prints on how to enter the assessment into the facility’s database.

All offenders are assigned one of the three following scores:

- Alpha – high potential for sexual perpetration
- Kappa – not a high risk for either sexual victimization or perpetration
- Sigma – high risk for sexual victimization

Auditor reviewed an intake report for the dates October 1, 2016 through December 21, 2016 and that everyone entering FCC had received their initial assessment and their 30 day assessment within the timeframe outlined by standards.

115.41(f)(g) Policy IS5-2.3, Offender Internal Classification, reads, “CCM’s will complete a second internal classification within 30 calendar days of the offender’s arrival to the facility...”

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (C)(1), pages 10, states “The offenders risk level shall be reassessed when warranted due to referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offenders risk of sexual victimization or abusiveness.”

Also on page 4 of this same policy in Section D (3) it states, “A second internal classification will be completed within thirty calendar days of the offender’s arrival at the reception and diagnostic center, if they have not been transferred. If there is a change in the offender’s internal classification score a case manager will review the offender’s housing assignment to determine if a change in bed assignment is required. If an assignment change is required, this must be made on the same day the internal classification is completed. Any time an offender is returned to a diagnostic center this process will be repeated.”

115.41(h) Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, “...The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment.”

The Adult Internal Risk Assessment Manual also states, “...The Case Manager should attempt to complete the assessment to the best of their abilities. The Case Manger should note in sections requiring offender response “refused to participate” and answer no to those questions. Offenders cannot be disciplined for refusing to answer questions...”

115.41(i) On pages 4 and 5 of Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, outlines how the internal classification scores will be documented. In Section (F) it states, “(1) Upon completion of the internal classification process, a printout of the results will be placed in the offender’s classification file in accordance with institutional services procedures regarding classification files and will be maintained in accordance with the departmental procedure regarding record retention. (2) CCMs will enter the offender’s internal classification score into the department computer system along with the date of internal classification and their employee identification number in accordance with the internal classification manual.”

The Adult Internal Risk Assessment Manual also states, “Click on Assessment Listing (Do not print the final formed version of the assessment). Find the assessment in the Assessment Listing screen for the offender. Click on the file folder icon in the assessment line. This will bring up

another window with the assessment summary. Click on the printer icon at the top of the assessment.

Only case managers have access to the information found on the risk assessment. It was reported that line staff do not have access to this information. Intake staff also reported that there is limited access to the information obtained. They also stated that this is in policy.

Standard 115.42 Use of screening information

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC uses the information from the risk screening required by 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Each determination is based on the individual. FCC has three classifications: Sigma (high risk for sexual victimization), Alpha (high potential for sexual perpetration) and Kappa (not a high risk for either sexual victimization or perpetration).

Housing and program assignments for transgender or intersex inmates in the facility are made on a case by case basis.

FCC has policy in place that outlines the make-up and actions of a transgender committee. This committee consists of administrative staff, medical/mental health professionals, and the inmate to discuss the needs, housing, shower, and safety issues of the individual. **In the past twelve months, one transgender inmate has been assigned to FCC.**

115.42(a)(b) Policy IS5-2.3 Offender Internal Classification, Section III (C) Diagnostic Centers, page 1, states "The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines." On page 2 of this same policy reads, "Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities."

In this same policy on page 3, housing based internal classification is addressed. It states, "Upon completion of the internal classification, the offender will be housed according to his score in accordance to the internal classification manual. Whenever possible, sigmas should be celled with sigmas and alphas with alphas. If an offender does not have an internal classification score he should be housed with a kappa with similar demographics until the offender internal classification instrument is completed."

IS & SOP 18-1.1, Required Activities, page 5, Section III (B) (4), states, "Housing unit staff members will utilize the internal classification information to designate required activities assignments for the purpose of keeping separate and/or ensuring the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working or attending programming together in accordance with institutional services procedures regarding offender internal classification. Housing unit staff members will review internal classification information and forward it to the required activities' supervisor prior to the offender's start date at the required activity."

On page 6 of this same policy, states, "The Required Activities Coordinator will notify the work supervisor of the offender's internal classification information. The work supervisor is responsible for knowing the internal classification of their workers and assign tasks in such a manner to ensure the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working. Internal classification information shall not be used by any staff member to preclude placement of an offender in a required activity."

SOP D1-8.13 Offender Sexual Abuse and Harassment, page 12, "All housing, cell, bed, education, and programming assignments for transgender or intersex offenders shall be made in accordance with the institutional services procedures regarding offender housing assignments and programming assignments."

Intake stated that information from the assessment tool is used to determine housing, education and programs. The warden also stated it is the policy and practice of FCC not to house potential victims with potential aggressors.

Housing unit rosters were also reviewed to determine if this practice was currently being followed.

115.42(c)(d)(e)(f)(g) Policy IS & SOP 5-3.1, Offender Housing Assignments, also outlines the Transgender Committee. The policy reads, “Each institution shall convene a transgender committee to determine and review an offender’s classification on a case by case basis. A transgender or intersex offender’s own views with respect to his or her safety shall be given serious consideration. The transgendered committee should meet and have a written recommendation completed within 10 working days of the offender’s arrival at the facility. The recommendation should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the prison rape elimination act (PREA) coordinator for review and approval. A response should be made back to the transgender committee within 10 working days. The transgender committee’s approved written decision shall be maintained in the offender’s classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee will review the housing assignments every six months following the initial determination. Reassessments can be done more frequently as needed on a case-by-case basis. Transgender or intersex offenders shall be given the opportunity to shower separately from other offenders as outlined by SOP.”

SOP D1-8.13, Offender Sexual Abuse and Harassment, page 11, states “Housing assignment for transgender and intersex offenders shall be made on a case-by-case basis by the institutional transgender/intersex committee or designee of the community confinement facilities to ensure the health and safety of the offender in accordance with the institutional services procedure regarding offender housing assignments and the probation and parole procedure regarding risk assessment and housing assignments.”

IS & SOP 5-3.1 Offender Housing Assignments, pages 4 -5 addresses Transgender Housing Assignments. It also states, “The transgender committee is responsible for determining a permanent housing assignment for each transgender or intersex offender, and prior to this assignment shall meeting with each offender to determine his vulnerability within the general population and length of time living as the acquired gender. Transgender and intersex housing assignments shall not be made based solely on genitalia by must consider the offender’s health and safety and the security of the facility through a review of the respective classification, medical and mental health records.”

The auditor also reviewed a copy of the template the Transgender Committee would use to determine housing.

The Warden and the Site Coordinator reported that FCC does not have a designated wing to house transgender or intersex inmates. They stated that if a transgender or intersex inmate would be assigned to their facility, they would be offered separate shower times.

Standard 115.43 Protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC has policy that prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. In the past 12 months, there has been no inmate placed in involuntary segregation.

115.43(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, (F) Segregated Housing in Institutional Setting, pages 17 -18 states “Following an allegation of offender sexual abuse or if an offender is assessed at being high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include:

- (1) Return to assigned housing.

- (2) Temporary reassignment of staff members.
- (3) Assignment to another housing unit.
- (4) Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim).

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. Offenders who are victims and/or perpetrators in an alleged PREA event will be kept out of sight and sound from each other and be placed in separate wings. If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody."

Policy IS21-1.1 "Temporary Administrative Segregation Confinement" states, "Offenders may be placed in temporary administrative segregation confinement upon recommendation by any staff member and approved by the shift commander when an offender is an immediate security risk....there is an urgent need to separate the offender from others for his/her safety or that of others..."

The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours is zero.

On the day of the audit there were no inmates being held in segregation based on high risk for victimization. The auditor did review five PREA allegation notifications that have been completed in the past 12 months. In looking at the housing placement recommendations, all indicated that alleged victim would remain in the original housing units. Only alleged perpetrators were removed.

Staff reported that the typical response is not to segregate the victim. They stated if involuntary segregation would be used to protect a victim, they would follow agency policy. Staff reported that everything is documented and becomes a part of the classification hearing that is held.

Staff that works in the segregation unit stated victims that request segregation are there less than 30 days unless they (the victim) request a longer stay.

Auditor reviewed the reporting information given to inmate's who enter restrictive housing. This brochure covers how to report a PREA allegation and also provides address for advocates.

Random interviews of inmates revealed a common theme. All stated they would not report being a victim of sexual abuse because they would "immediately go to the hole." They reported they have seen it happen multiple times.

RECOMMENDATION: The auditor spoke to administration about the perception the inmates have of being placed "in the hole" when they report sexual abuse or harassment. After much discussion, it is believed that inmates are in fact seeing the coordinate response and the victims are being separated out for interviews and trips to medical and/or mental health. It is recommended that Functional Unit Managers and Corrections Case Managers talk with the inmates in their living units and stress that victims are not punished for reporting sexual abuse and harassment

The auditor could not find documentation to support this claim. The auditor reviewed all investigatory files on site. Upon review of these files, there were no instances where the victim was involuntarily placed in segregation. All housing documentation indicated that victim remained in their housing unit or was transferred to another housing unit..

115.43(b) FCC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

115.43(c) FCC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

115.43(d) FCC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

115.43(e) FCC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

NOTE: Auditor reviewed MDOC's Segregated Housing for Protective Custody which outlines the an assessment of all alternative housing choices (least restrictive housing) must be conducted prior to placing a victim in segregated housing for protection and that victims of sexual abuse ordinarily not be held in segregated housing for longer than 30 days.

RECOMMENDATION: The new Site Coordinator should access tools located on the PREA Resource Center's website (<http://www.prearesourcecenter.org>) This site has tools and guidance on the implementation of the National PREA Standards. A copy of the standards can also be found on this site. It is also recommended the new site coordinator take several afternoons and familiarize herself with the standards and the FAQ's on implementation.

Standard 115.51 Inmate reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC has established multiple procedures for allowing inmates internal ways to report sexual abuse or sexual harassment privately to the facility or to an outside entity. Inmates may report via an informal resolution request, to a staff member, PREA hotline, advocacy agency, or to the Department of Public Safety, Crimes Victims Services Unit. Third party reports are also accepted by FCC.

As of the date of this audit, FCC does not have any offenders who are detained solely for civil immigration purposes.

115.51(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, "Reporting Sexual Abuse or Harassment," pages 14 states, "Each facility CAO's or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff neglect, and violation or responsibilities that may contributed to an incident of offender sexual abuse , to include but not be limited to: informal resolution request (IRR), grievance process, or offender complaint, to a staff member, PREA hotline, advocacy agency, and Department of Public Safety, Crimes Victims Services Unit. All allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure."

Auditor reviewed the offender brochure on "Offender Sexual Abuse and Harassment" which is given out at intake. This brochure outlines the ways inmates can make reports of sexual abuse and sexual harassment. It reads, "Report the abuse to any staff member either verbally or in writing as soon as possible, whether the alleged incidence involved you or not. Call the department's confidential PREA hotline. You can do so at any offender phone by listening to the prompts and pressing "8" or dialing (573) 526-PREA (7732). Write to the Missouri Department of Public Safety, Crime Victims Services Unit, P.O. Box 749, Jefferson City, MO 65102. If you are assigned to a community release center or community supervision center, you may report sexual abuse using the above guidelines or call the PREA hotlines at (855) 773-6391.

Staff was able to articulate the various ways inmates can report sexual abuse and sexual harassment. They stated that all reports are taken seriously. They also advised that they could also call the PREA hotline and make a report. They advised this information was in their employee handbook.

Inmates interviewed were also able to articulate the various ways they could make a report including calling the hotline, telling staff and/or family members. Although they were aware of the PREA hotline, many felt that it was not anonymous. They advised they feel more comfortable reporting to their families. They also reported they felt most staff did not take reports seriously. Many reported that staff would retaliate if you complained about an officer.

Information was posted on bulletin boards throughout the facility and in the housing units advising inmates on how to make reports of sexual abuse.

115.51(b) Auditor reviewed the MOU with the Missouri Department of Public Safety. Missouri Department of Public Safety's responsibilities include initiating a SharePoint application that can be shared by DPS and DOC. The DPS shall receive written correspondence of allegations of offender sexual abuse and harassment. All written correspondence received by the DPS shall be assigned a tracking number. The DPS shall record in the SharePoint application the date of the written correspondence is received, the name of the institution, the name of the victim if known and the date the letter is forwarded to the DOC. The DOC shall record in the SharePoint application the date offender letter is received and any action taken. This MOU is ongoing from the date of the final signature until such time as it is deemed unnecessary by either party. The MOU was signed July 25, 2013.

It should be noted that several inmates advised this auditor that they attempted to write a letter expressing their desire to talk with the auditing team. This auditor was advised that the mail room returned the letter to the inmate because it was sealed. They advised them that it was not protected mail. One inmate provided this auditor a copy of the refusal he received from the mailroom. This auditor spoke with the warden and expressed concern about letters being returned to the inmates that contained PREA reports.

The warden then wrote a directive to the mailroom instructing them on the following: "...Any offender attempting to mail the following are to be seal and will be considered privileged mail and will be processed through the mail room: PREA Auditors, Department of Public Safety and Department of Justice. This directive was dated March 24, 2017.

115.51(c) SOPD1-8.13, Offender Sexual Abuse and Harassment, page 14, states, "All allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure. ***SOP: All verbal reports received, offender or staff, will be requested in writing and forwarded to the shift supervisor by the end of the staff member's shift or prior to leaving the institution. Offender's verbal statements should be documented by staff receiving the statement noting the date and time the offender made the statement and what immediate action was taken."

115.51(d) Policy D1-8.9 Crime Tips and PREA Hotlines, page 5, Section III (C) states, "For staff, the department has established a separate crime tips hotline to anonymously report criminal activity, offender sexual abuse, or offender sexual harassment and is received in the office of inspector general. These calls may be answered by a staff member in the office of inspector general or in cases of afterhours calls, the caller may leave a message and a return phone number should they wish to be contacted. Information regarding hotline use for staff will be posted conspicuously in areas routinely accessible to all staff members."

Staff Tips Hotline posters are throughout the facility and are located in the officer work areas, staff newspaper and on the MDOC intranet home.

Standard 115.52 Exhaustion of administrative remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC has an administrative procedure for dealing with inmates grievances regarding sexual abuse. This procedure also allows them to submit a grievance at any time regardless when the incident occurred. If their grievance is against a staff member, they are not required to submit their grievance through that staff member. FCC also outlines, through policy, where grievance cannot be filed.

FCC also requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 70 days of the filing of the grievance. According the pre-audit questionnaire, the agency reported that in the past twelve months, four grievances have been filed. Three of these grievances have been closed and one remains pending at the time of audit.

115.52(a)(b)(c) Policy D5-3.2 Offender Grievance, pages 17-19 addresses PREA Informal Resolution Request, Grievance and Appeal. The following are portions of this policy that supports this standard:

Time limit

- “The department shall not impose a time limit on when an offender may submit a complaint regarding an allegation of offenders’ sexual abuse.”

Informal Process

- “The department will not require an offender to use the informal grievances process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse.”
- “Informal resolution request alleging sexual abuse will be processed normally with the exception of the following: A response should be completed as soon as practical, but no later than 30 calendar days of receipt.”

Against a Staff Member

- “A staff member who is subject of the complaint should not be the respondent.”

Grievance Process

- “Offender grievances alleging sexual abuse will be processed normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt, and, computation of the 30 day time period will not include the days between the offender’s receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee.”
- “Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt, and, computation of the 30 day time period will not include the days between the offender’s receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee, and, an extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided.
- “At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of the offender grievance process”

Third Party Reporting:

- “Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution.”
- “When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing.”
- “Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry.”
- “When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry.”
- “The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf.”
- “If the offender declines to have the request process on his behalf, the case manager shall document the offender’s decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes.”
- “If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure.”

Emergency Informal Resolution Requests

- “Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry.”
- “If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form.”
- “Emergency informal resolution requests will be processed as follows:

- The offender will request an informal resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure.
- When a staff member receives the completed informal resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately.
- Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site coordinator to make the determination if the informal resolution request should be handled as an emergency.
- The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response.
- A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form.
- The initial and final response for the informal resolution request shall document the department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request.
- If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure."

Policy D1-8.13 Offender Sexual Abuse and Harassment, Page 13 - 14, states "The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse...nor impose a time limit"

Policy D1-8.9 Crime Tips and PREA Hotlines, page 4, Section III (A)(1a) states "The hotlines will not be utilized for complaints, grievances or other unrelated purposes."

SOPDI-8.13 Offender Sexual Abuse and Harassment, page 14, addresses exhausting administrative remedies. It states, "The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit on when an offender may submit a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, administrative inquiries, and investigation unit responsibilities and actions. The department shall ensure that an offender who alleges sexual abuse may submit a complaint to a staff member who is not the subject of the complaint and the grievance or complaint is not referred to a staff member who is the subject of the complaint. Staff members are to address grievances or complaints for allegations of sexual abuse and harassment in accordance with the department procedure regarding offender grievance, administrative inquiries, and investigation unit responsibilities and actions."

Policy D5-3.2 Offender Grievance, page 6, Section III, (E)(2b)(1) states, "Upon approval of the division director or designee, a conduct violation may be issued for threats. This conduct violation will not be viewed as retaliation reprisal." Also on page 6, Section III (E)(4a)(1) it states, "When there is evidence to support an unfounded allegation, the CAO or designee will issue a conduct violation and the CAO or designee will issue a letter of limited filing status."

Auditor also reviewed the following training provided at statewide meeting regarding grievances, "PREA and the Grievance Process."

Auditor also reviewed FCC Grievance PREA Tracking Logs from 2015 and 2016.

115.52(d) At this time FCC has not had any grievances where a final decision was not reached within 90 days.

115.52(e) FCC reports they have had no third party grievances filed within the past year.

115.52(f) FCC reports they have had no emergency grievances filed pursuant to this standard.

Standard 115.53 Inmate access to outside confidential support services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC provides inmates with outside access to victim advocates for emotional support services related to sexual abuse by providing mailing addresses to Just Detention International (JDI) and Rape, Abuse and Incest National Network (RAINN). They also inform inmates prior to given them access to outside supports, the extent to which such communications will be monitored. FCC was unable to enter a MOU with a community provider.

115.53(a)(b) D1-8.13 Offender Sexual Abuse and Harassment, page 19, covers the procedure during the initial assessment with mental health when there is an allegation of sexual abuse and harassment. It states, "During the initial assessment, mental health treatment interventions will be discussed with the victim by the QMHP and will include options such as individual and/or group therapy. The QMHP will explain and offer advocacy services to the alleged victim offender. Advocacy will not be offered for allegations of sexual harassment. The QMHP will document the offender's acceptance or refusal of advocacy services in the electronic medical record. If the offender refuses advocacy services the QMHP will have the victim sign the refusal of treatment - no show form. If the offender requests an advocate, the QMHP will notify the PREA site coordinator."

Auditor reviewed the Notice to Offenders Assigned to Administrative Segregation Reporting Allegations of Sexual Harassment. This notice outlined how inmates in Administrative Segregation can still have access to outside emotional support services. Inmates in FCC's Administrative Segregation can contact JDI, RAINN as well as Missouri Department of Public Safety. They are given the addresses and are instructed they do not have to place their return address on the envelope.

It should be noted that several inmates advised this auditor that they attempted to write a letter expressing their desire to talk with the auditing team. This auditor was advised that the mail room returned the letter to the inmate because it was sealed. They advised them that it was not protected mail. One inmate provided this auditor a copy of the refusal he received from the mailroom. This auditor spoke with the warden and expressed concern about letters being returned to the inmates that contained PREA reports.

The warden then wrote a directive to the mailroom instructing them on the following: "...Any offender attempting to mail the following are to be seal and will be considered privileged mail and will be processed through the mail room: PREA Auditors, Department of Public Safety and Department of Justice. This directive was dated March 24, 2017

It should also be noted that the advocacy posters also state, "Be aware: Per department policy, mail will be subject to examination and phone call may be monitored."

Interviews with inmates resulted in mixed responses in when it came to the discussing availability of advocates. Most stated they knew they were available but was unsure how to access them if needed.

RECOMMENDATION: Have the Case Managers re-educate inmates when they meet with them: just as staff need PREA refreshers so do inmates. Have them do a brief PREA refresher that covers reporting and advocacy availability.

115.53(c) FCC has entered into a Memorandum of Understanding (MOU) with Southeast Missouri Family Violence Council. This MOU is dated October 2013. It outlines the roles and responsibilities of each party and contains the language "ongoing from date of signature."

RECOMMENDATION: The new Site Coordinator should access tools located on the PREA Resource Center's website (<http://www.prearesourcecenter.org>) This site has tools and guidance on the implementation of the National PREA Standards. A copy of the standards can also be found on this site. It is also recommended the new site coordinator take several afternoons and familiarize herself with the standards and the FAQ's on implementation.

Standard 115.54 Third-party reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC provides a method to receive third party reports of inmate sexual abuse or sexual harassment. Family members can make report via information found on MDOC website. They can either email or make a phone call.

115.54(a) Policy SOPD1-8.13 Offender Sexual Abuse and Harassment, Section III (D)(2), page 14 states, “All allegation including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlines in this procedure.”

Auditor verified that reporting information is on the MDOC website. The URL is <http://doc.mo.doc/OD/PREA.php>. This site has an email address and a phone number available to the public.

Standard 115.61 Staff and agency reporting duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC requires all staff to report immediately any knowledge or suspicion of any incident of sexual abuse or sexual harassment. This is also in their policy.

115.61(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, page 7, “The CAO or designee shall control the dissemination of sensitive information related to offender sexual abuse to ensure the offender is not exploited by staff members or other offenders. Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members shall inform offenders of the practitioner’s duty to report at the initiation of services. Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions.”

Policy D2-11.10, Staff Member Conduct, not only states that staff members must obey all laws but on page 7, Section III, (D1&2) states, “Staff members having knowledge of any instances of offender or resident abuse or sexual contact with an offender or resident shall immediately report such to the inspector general in accordance with the department procedures regarding offender physical abuse and offender sexual abuse and harassment. Staff members must immediately report any misconduct through the appropriate chain of command. If there is reason to believe that any staff member in the chain of command may be involved in the alleged misconduct, the staff member should report the matter to the next higher level of management in the department.

FCC requires all staff to report immediately any knowledge or suspicion of any incident of sexual abuse or sexual harassment. This is also in their policy.

Staff members interviewed reported they have a duty to report. They also reported are just as liable for failing to report sexual abuse and sexual harassment as they would be for failing to report any crime.

115.61(c) Policy D1-8.13 Offender Sexual Abuse and Harassment reads, “Medical and mental health staff members shall inform offenders of the practitioner’s duty to report at the initiation of services.”

115.61(d) Policy IS11-32 Receiving Screening Intake Unit, page 5 addresses procedure if the alleged victim is under the age 18 or considered to be a vulnerable adult. The policy states, “Health services staff members shall obtain informed consent from offenders in accordance with

institutional services regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. If the offender is under the age of 18, a health service staff member shall report the allegation to the designated local Children's Division, Department of Social Services under applicable mandatory reporting laws."

Auditor also reviewed Missouri Revised Statutes, Chapter 217, Department of Corrections, Section 217.410. 1 which states, "When any employee of the department has reasonable cause to believe that an offender in a correctional center operated or funded by the department has been abused, he shall immediately report it in writing to the director."

Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.005.1, defines a vulnerable person as "any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program."

Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.163.1, defines mandatory reporting requirements as "Any person having reasonable cause to suspect that a vulnerable person presents a likelihood of suffering serious physical harm or is the victim of abuse or neglect shall report such information to the department. Reports of vulnerable person abuse received by the departments of health and senior services and social services shall be forwarded to the department."

115.61(e) Policy D1-8.13, Offender Sexual Abuse and Harassment," page 13 states, "All allegations including anonymous, third party, verbal, or allegations made in writing will be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure." Page 16 states, "All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist".

FCC also provided a copy of their PREA Coordinated Response to Offender Sexual Abuse.

Standard 115.62 Agency protection duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC acts immediately if they learn that an inmate is subject to a substantial risk of imminent sexual abuse. In the past twelve months, there have been no inmates that have been reported to be subject to substantial risk of imminent sexual abuse.

115.62(a) SOPD1-8.13, Offender Sexual Abuse and Harassment, page 20, under Segregated Housing in Institutional Setting states, "If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units."

Administrative staff stated that the expectation for all staff is to act immediately if they become aware of an offender being in imminent danger of sexual abuse. This involves beginning the facility's coordinate response and separate the victim from the alleged perpetrator. The warden also stressed staff are use the least restrictive housing available to secure the victim. The facility's goal is to keep the victim separate from their reported abuser.

Random staff reported that if such an incident would occur they would immediately secure the alleged victim for safety purposes and contact their supervisor.

FCC reports there have been no incidents in the past 12 months where the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

Standard 115.63 Reporting to other confinement facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility that the Warden must notify the head of the facility where the sexual abuse is alleged to have occurred. Notification is to be made as soon as possible but no later than 72 hours after receiving the allegation.

They also have a policy that states that allegations received from other facilities are investigated in accordance with PREA standards.

116.63(a)(b)(c)(d) Policy D1-8.13 Offender Sexual Abuse and Harassment, page 16 states, "Upon receiving information that an offender has been sexually abused while assigned at another facility the coordinated response for offender sexual abuse will be immediately initiated as outlined in this procedure. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA coordinator. The PREA coordinator will ensure notification to the facility is made with 72 hours."

FCC reported that in the last twelve months they have received one report from incoming or current inmates that abuse occurred at another facility.

FCC stated, "In the event that a report is received that an offender was sexually abused or harassed while housed at another facility, the issue is referred to the shift supervisor who will immediately assess the offender's need for protective custody. The shift supervisor will complete the PREA notification checklist. In addition, the PREA Site Coordinator notifies appropriate Staff Members at the facility in which the abuse took place, will be notified immediately via electronically."

FCC reported that in the last twelve months they have received one report from another agency regarding sexual abuse reported to have happened at their facility.

Any notification FCC receives would be sent to the site coordinator who then sends information to the Inspector General. Administration advises that the Inspector General will make the determination if an investigation would be opened.

Standard 115.64 Staff first responder duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC has a Coordinator Response in policy that outlines the duties of a first responder. This coordinated response has all four components listed in this standard.

115.64(a) Auditor reviewed FCC's Coordinated Response that is a part of policy D1-8.13 Offender Sexual Abuse and Harassment located on page 17. This part of the policy states, "Staff member first responder shall:

- Ensure the safety of the victim.
- Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable.
- Make immediate notification to the shift commander or shift supervisor.
 - In the event of an allegation of a penetration act, the shift commander or shift supervisor shall make telephone notifications and respond as outlined in the divisions' coordinated response to offender sexual abuse protocol.
 - In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol.
- Shift supervisors will copy the email notification with the PREA checklist attachment to necessary WRDCC mental health staff. Shift supervisors will complete and forward (via email and hard copy) the Referral and Screening Note-Health Services form to the mental health staff.”

Auditor reviewed the lesson plan for PREA Basic Training, pages 21 –23 covers first responder responsibilities. It breaks down the First Responder responsibilities by type of event. The three events covered include allegation of penetration that has happened within 72 hours, all other penetrations and allegations of non-penetration events.

Staff all stated that as a first responder they responsibility is to separate the victim from the abuser, allow neither one of them to shower, get a drink or change clothes. They stated they would then call their supervisor who, in turn, contacts the investigators. Staff would also secure the scene and would not allow anyone to enter until the investigators arrived and took control.

115.64(b) All staff are considered to be first responders and are to follow the coordinated response found in D1-8.13 Offender Sexual Abuse and Harassment.

When talking with contractors, they stated if they were the first to respond to a sexual abuse allegation they would keep the victim safe and notify staff immediately.

Standard 115.65 Coordinated response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC has developed a coordinated response to all sexual abuse incidents.

115.65(a) The coordinated response to offender sexual abuse covers the following topics:

- Role and Responsibilities of Shift Commander, Site PREA Coordinator, First Responder, Mental Health, and Medical
- Exceptions to the protocol

SOPD1-8.13 Offender Sexual Abuse and Harassment includes a section on coordinated response on pages 16 and 17. It states, “CAO or designee shall coordinate actions taken by first responders, medical, mental health, investigators, and administrators in response to all allegations of offender sexual abuse and harassment as outlined in the divisions' coordinated response to offender sexual abuse protocol. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. The coordinated response will be completed and distributed as outlined in the Coordinated Response Completion Guide (SOP Reference E) as well as the Coordinated Response to Offender Sexual Abuse (Institutions) protocol (SOP Reference F). Offender/staff interpreters for non-English speaking victims/perpetrators can only be utilized in an exigent circumstance when the event is first reported until an outside interpreter can be arranged. If the allegation is reported directly to a facility administrator the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist.

Staff member first responder shall:

- Ensure the safety of the victim.
- Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable.
- Make immediate notification to the shift commander or shift supervisor.
 - In the event of an allegation of a penetration act, the shift commander or shift supervisor shall make telephone notifications and respond as outlined in the divisions' coordinated response to offender sexual abuse protocol.
 - In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol.
 - Shift supervisors will copy the email notification with the PREA checklist attachment to necessary WRDCC mental health staff. Shift supervisors will complete and forward (via email and hard copy) the Referral and Screening Note-Health Services form to the mental health staff.
- Upon receiving information that an offender has been sexually abused while assigned at another facility the coordinated response for offender sexual abuse will be immediately initiated as outlined in this procedure. If the alleged abuse occurred at a facility outside the Missouri Department of Corrections, the notification checklist will be forwarded to the department's PREA coordinator. The PREA coordinator will ensure notification to the facility is made with 72 hours.
- A coordinated response will be initiated as outlined in this procedure for all allegations of offender sexual abuse that are received from facilities outside the Missouri Department of Corrections."

Administrative staff articulated all components of the facility's coordinated response to sexual abuse and harassment. The expectation outlined by the administration is that every employee should be knowledgeable of the coordinated response and execute the response when needed.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has a labor agreement with Missouri Corrections Officers Association that ends 9/30/2018.

115.66(a) Policy D2-11.6, Labor Organization, page 4 states, "Per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted."

On page 2, Article 2, Management Rights of Labor Agreement between the State of Missouri Office Administration, The Department of Corrections Division of Adult Institutions and Missouri Corrections Officers Association (MOCO) states, "The right to hire, assign, reassign, transfer, promote and to determine hours of work and shifts and assign overtime."

Standard 115.67 Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC has policy in place to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation from retaliation by other inmates or staff.

In the past twelve months there have been zero reports of retaliation against staff or inmates.

115.67(a)(b)(c)(d) Policy D1-8.13 Offender Sexual Abuse and Harassment, page 14 outlines the protection from retaliation for inmates and staff in the following manner:

- Inmates:
 - The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation.
 - Immediately following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner:
 - The alleged victim and reporter of offender sexual abuse or harassment shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation.
 - For offender victims and offender reporters, monitoring shall include face-to-face status checks by staff members a minimum of every 30 days.
 - The assessment/retaliation status check form shall be used during each of the assessment interviews.
 - If the victim or reporter expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded.
- Staff
 - The PREA site coordinator or designee shall monitor all staff reporters of offender sexual abuse or harassment for a minimum of 90 days. Monitoring shall include but is not limited to monitoring for changes that may indicate retaliation, negative performance reviews, or reassignments.
 - The assessment/retaliation status check form shall be used during each of the assessment interviews.
 - The PREA site coordinator or designee shall ensure all witnesses receive an initial assessment utilizing the assessment/retaliation status check form.
 - Witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring.
 - The witness shall sign the assessment/retaliation status check form showing they have no concerns regarding potential retaliation.

This policy also states, "The PREA site coordinator shall report all evidence of retaliation to the CAO to ensure an inquiry or investigation is initiated in accordance with department procedures. If possible retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual. The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation and/or possible victims of retaliation be offered emotional support services. Emotional services for offender victim, reporters, or witnesses include but are not limited to, case management or referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff reporters or witnesses included but are not limited to, employee assistance program, peer action and care team referral, and/or chaplain referral. All action taken to remedy retaliation or services offered victim or suspected victim shall be noted on the assessment/retaliation status check form. In the event that a victim, offender reporter, or a witness is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment/retaliation status check form to the PREA site coordinator in the receiving institution. The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure. The PREA site coordinator shall ensure the completed assessment/retaliation status check form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring will continue. If released to a field probation and parole office, monitoring will stop. In the event the allegations are determined to be unfounded the agency shall terminate monitoring."

FCC provided five examples of "Assessment/Retaliation Status Checklist" forms. These five monitoring examples show check-ins averaging once every 30 days. All examples reviewed indicated "no harassment or retaliation was reported." It should also be noted that during the retaliation conduct violations were checked, housing assignments were checked as well as checking to see if there was programming interruption.

RECOMMENDATION: The new Site Coordinator should access tools located on the PREA Resource Center's website (<http://www.prearesourcecenter.org>) This site has tools and guidance on the implementation of the National PREA Standards. A copy of the standards can also be found on this site. It is also recommended the new site coordinator take several afternoons and familiarize herself with the standards and the FAQ's on implementation.

Standard 115.68 Post-allegation protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC has policy that prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made. In the past twelve months, there have been no inmates placed in involuntary segregated housing.

115.68(a) SOPD1-8.13, Offender Sexual Abuse and Harassment, pages 19 and 20, under Segregated Housing in Institutional Setting states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include:

- Return to assigned housing.
- Temporary reassignment of staff members.
- Assignment to another housing unit.
- Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim).

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. When an offender is believed to be in substantial risk of victimization, the shift commander will assess the offender to ensure housing in the least restrictive housing. If TASC is determined to be the least restrictive housing the shift commander will note on the TASC order the offender is being placed in Segregated housing due to a PREA risk. The offender will be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator will review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing will not ordinarily exceed a period of 30 days. Every 30 days, the offender will be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody. Administrative and criminal investigation reports will be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention. ***SOP: FCC does not have a protective custody unit and all offenders assigned to TASC as a PREA risk will be evaluated initially via the TASC order and the PREA notification checklist. This will be repeated again with the offender within 72 hours by the administrative segregation committee and, if assigned to segregation, will be evaluated every 30 days by the administrative segregation committee. The administrative segregation committee should note on the Classification Hearing Form (SOP Reference A) the need for further separation and any programs, academic education, or services not provided during the period as a result of the offender's confinement in segregation."

FCC's PREA Segregation Checklist is as follows, " ...If the offender is an alleged **victim of sexual abuse**, all Classification Hearing forms **MUST** note his current work, school, and program assignments the offender will be unable to attend while being housed in segregation. If the offender is missing a class due to his confinement in segregation, the Classification Hearing form should say **how many** times they meet per week or if it is known he has been dropped from the program due to prolonged absence; that should be documented. If the offender's

confinement is continued, the Classification Hearing form must document the **reason** assignment to segregation was continued. After the initial hearing the offender should be scheduled for a review date the same as a protective custody status offender and be seen again in 3 weeks. Offender alleged victims and perpetrators will not be housed on the same floor in segregation. Offender alleged victims and perpetrators will not receive recreation or other services at the same time where they would be in contact.

FCC reports, "FCC has not had any offender victims placed in segregation due to a PREA investigation during this reporting period."

Standard 115.71 Criminal and administrative agency investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Inspector General conducts all criminal case investigations at FCC. Administrative agency investigations are also conducted at FCC.

115.71(a) Policy D1-8.1 Investigation Unit Responsibilities/Actions, page 5, Section III (A) (2) (3) states, "The department maintains a zero tolerance policy against offender abuse and offender sexual abuse. The PREA also prohibits sexual misconduct by staff members against an offender and offender against an offender. All such allegations will be thoroughly reviewed for potential investigation. The investigation unit, under the jurisdiction of the inspector general's office, is the investigative unit of the department. This unit conducts investigations in response to reports of violations of Missouri state law and serious violations of department procedure at all facilities throughout the state. The unit works closely with federal, state and local law enforcement agencies and the other divisions within the department to ensure criminal violators are prosecuted. The department may pursue prosecution of any staff member or offender who violates state law."

Page 7 of this same policy states, "The facility shall report all allegations of sexual abuse, including third-party and anonymous reports, in accordance with the department procedure addressing offender sexual abuse and harassment."

Page 10 of this same policy, Section H, outlines the investigators responsibilities. The policy states, "All investigators shall aid and assist in investigations as directed, and to the limit permitted, by the responsible law enforcement agency and the inspector general or designee. Investigators may be assigned outside their normally assigned region to assist in statewide investigations. Investigators shall conduct investigations into all allegations assigned for investigation promptly, thoroughly, and objectively. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical, DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of behavior involving the alleged victim and suspected perpetrator. Medical records or information related to offender sexual assaults and uses of force may be obtained from facility medical practitioners without authorization from central office. The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an offender or employee. Investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attach copies of all documentary evidence where feasible. Administrative investigations shall include an effort to determine whether staff member actions or failures to act, contributed to the behaviors being alleged. The departure of the alleged abuser or victim from employment or control of the department shall not provide a basis for terminating the investigation. When an investigation reveals probable cause that an offender or staff member has committed, or is suspected of committing, an act in violation of local, state or federal law, the investigator conducting the investigation shall note in the investigative report that the case will be forwarded for prosecution consideration, and submit a request for prosecution packet. The prosecution packet will include at a minimum: the investigation report written by the investigator, a probable cause statement completed by the investigator that conducted the investigation, all relevant documentation associated with the investigation, and other information deemed necessary by the prosecuting attorney's office having proper jurisdiction...CAOs shall impose no standard higher than a preponderance of the evidence in determining whether allegations of offender sexual abuse are substantiated."

115.71(b) Auditor reviewed the training roster from "PREA Specialized Investigator Training" dated January 1, 2013 through September 20, 2014. The roster showed that 56 investigators statewide received this training during that time frame. In October of 2014 17 investigators also attended this training.

115.71(c) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, "All investigators shall aid and assist in investigations as directed,

and to the limit permitted, by the responsible law enforcement agency and the inspector general or designee. Investigators may be assigned outside their normally assigned region to assist in statewide investigations. Investigators shall conduct investigations into all allegations assigned for investigation promptly, thoroughly, and objectively. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical, DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of behavior involving the alleged victim and suspected perpetrator. Medical records or information related to offender sexual assaults and uses of force may be obtained from facility medical practitioners without authorization from central office.”

115.71(d) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, “When an investigation reveals probable cause that an offender or staff member has committed, or is suspected of committing, an act in violation of local, state or federal law, the investigator conducting the investigation shall note in the investigative report that the case will be forwarded for prosecution consideration, and submit a request for prosecution packet. The prosecution packet will include at a minimum: the investigation report written by the investigator, a probable cause statement completed by the investigator that conducted the investigation, all relevant documentation associated with the investigation, and other information deemed necessary by the prosecuting attorney’s office having proper jurisdiction...CAOs shall impose no standard higher than a preponderance of the evidence in determining whether allegations of offender sexual abuse are substantiated.”

FCC had seven sustained allegation of offender sexual abuse referred for prosecution.

115.71(e) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, “The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as an offender or employee.”

115.71(f) Policy D1-8.4 Administrative Inquiries, page 5, Section III, (A) states, “Any staff member having direct or indirect knowledge of a potential category I or IV behavior shall immediately notify the CAO by submitting a report of incident, or memorandum, through the chain of command. A copy of all reports of harassment, sexual misconduct, discrimination, or retaliation should be sent to the employee relations supervisor. Staff members must fully cooperate with all administrative inquiries and must fully and truthfully relate their knowledge of all facts pertaining to the alleged behavior under review. Staff members who are the subject of a criminal investigation are not required to provide incriminating information about their own misconduct. However, in all other cases, staff members must fully cooperate with any investigation or administrative inquiry and truthfully relate their knowledge of all facts.”

Pages 5 and 6 of this same policy discuss when an administrative inquiry may be conducted. This policy states, “An administrative inquiry may be conducted when a staff member may have been engaged in category I behaviors, or an offender may have been engaged in category IV behaviors. When the CAO receives information that a staff member may have been engaged in category I behavior, the CAO shall review the information and determine the appropriate course of action... The offender sexual abuse coordinated response will be initiated on all allegations of offender sexual abuse or harassment, including anonymous and third party allegations, in accordance with the department’s procedure regarding offender sexual abuse and harassment. Based on the circumstances of the allegation, the CAO may immediately remove or reassign the staff member from having contact with the offender pending the outcome of an investigation, or the determination of whether and to what extent discipline is warranted, or if there is reason to believe the offender is being retaliated against by the staff member.”

115.71(g) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, “Investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attach copies of all documentary evidence where feasible.”

115.71(h) FCC had 7 sustained allegations of offender sexual abuse and all were referred for prosecution.

115.71(i) Auditor reviewed the Agency Records Disposition Schedule and found that records are retained for 50 years.

115.71(j) FCC had two instances during the reporting period in which a staff member was referred for prosecution.

Auditor reviewed a sample of investigative files at the facility. Investigators interviewed victims, witnesses and the alleged perpetrators. These investigations also included an anonymous report through their Crime Tips hotline. All reports were very thorough and done in a timely manner.

Standard 115.72 Evidentiary standard for administrative investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC imposes no higher standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

115.72(a) Policy D1-8.4 Administrative Inquiries, page 8, Section III (C) (9) states, "No higher standard than a preponderance of evidence in determining whether allegations of sexual abuse are substantiated."

FCC also provided all investigatory files for this auditor to review. Auditor reviewed all cases of PREA allegations of inmate on inmate sexual harassment and staff on inmate sexual abuse. All reports were well written and thorough. They included interviews with the victim, alleged perpetrator and witnesses. All cases were closed within 60 days.

Investigative staff stated they do not impose a higher standard of a preponderance of the evidence. They reported they take their investigations seriously and that sexual abuse and harassment is not tolerated.

Standard 115.73 Reporting to inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC has a policy requiring that any inmate who makes an allegation that he suffered sexual abuse is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The Inspector General's office conducts all criminal investigations and FCC conducts administrative investigations.

115.73(a)(c)(d)(e) Policy D1-8.13, Offender Sexual Abuse and Harassment, Reporting Outcomes, pages 23 and 24 states, "Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA coordinator shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification or the alleged sexual abuse by staff notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment. The initial notification shall state whether the allegation was substantiated, unsubstantiated, or unfounded.

In the event that the investigation was conducted by an outside agency, the office of the inspector general shall request relevant information from the outside agency in order to inform the offender of the outcome of the investigation. All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs unless the inquiry or investigation is unfounded:

- (1) Staff perpetrator is no longer assigned to the housing unit.
- (2) Staff perpetrator is no longer employed at the institution or department.
- (3) The staff perpetrator has been indicted on a charge related to sexual abuse within the institution.
- (4) A disposition of charges exists related to sexual abuse within the institution.

Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs.

- (1) The offender has been indicted on a charge related to sexual abuse within the institution.

- (2) A disposition of charges exists related to sexual abuse within the institution.

The departmental PREA coordinator shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender. If the investigation or inquiry involved offender-on-offender sexual abuse or harassment that was substantiated or unsubstantiated, written notification shall be delivered to the offender victim in a confidential manner. The offender shall be offered the notification letter but shall have the right to decline the letter. The original notification shall be signed by the offender or resident and witnessed by a staff member. The original notification shall be forwarded to the department's PREA coordinator for tracking. A copy of the notification shall be provided to the offender. The date the notification letter is delivered to the offender shall be documented in the chronological section of the offender's classification file. In the event the offender is no longer housed in an institution, community release center, or community supervision center the duty to report ends."

Administrative staff reported that it is in policy that all offender victims are notified of the outcomes of their PREA cases. Investigative staff reported that notifications are made and also reported that this is part of policy.

In the past 12 months, FCC and investigators completed 34 criminal and/or administrative investigations of alleged inmate sexual abuse. Auditor reviewed four notifications to inmates. These notifications were made per this standard and per policy.

115.73(b) N/A FCC is responsible for conducting administrative investigations and the Inspector General's Office has investigators inside the facility to conduct criminal investigations of alleged sexual abuse and sexual harassment.

Standard 115.76 Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC has procedures in place to discipline staff for violating agency sexual abuse and sexual harassment policies. In the past 12 months, there has been one staff member disciplined under this policy. This staff member was terminated and charged in district court in February 2016.

115.76(a)(c)(d) Policy D2-11.10 Staff Misconduct, page 4, Section III (A) (14) states, "In order to pursue organizational excellence staff members are expected to adhere to the following professional principles and conduct...report inappropriate actions, misconduct, offender or resident abuse, and sexual contact by staff members and offenders or residents to appropriate personnel."

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (N), page 27 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement."

115.76(b) FCC reports five staff member has been terminated or resigned in the past twelve months following a substantiated investigation for sexual abuse.

Standard 115.77 Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In the past 12 months, there have been no contractors or volunteers engage in sexual abuse of inmates.

115.77(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment (Page 27 of SOP version) states, "Corrective action for contractors and volunteers: Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility shall take appropriate measures and shall consider whether to prohibit further contact with offenders in the case of any other violations."

Policy D2-13.1 Volunteers, page 11 -13, Section III (G) states, "All volunteers will be familiar with and adhere to the standards for professionalism, conduct, and job performance in accordance with the department policy and procedures regarding employee standards and staff member conduct. All offender sexual abuse and harassment allegations that occur in a department facility involving a volunteer will be referred for investigation. Volunteers may be subject to disciplinary action and/or termination. When disciplinary action is recommended, the volunteer supervisor shall submit documentation to the volunteer site coordinator outlining the reasons for such actions.

The volunteer site coordinator shall provide the CAO with the recommendation and documentation. If the volunteer is a multi-location volunteer, the volunteer site coordinator requesting the disciplinary action shall provide a copy of the documentation to the volunteer site coordinator at the home base location and/or all other additional locations. If the CAO concurs, and the discipline requires suspension, the volunteer will be suspended and notified in writing within 5 working days that he is suspended and that the recommendation for disciplinary action is being sent to the volunteer services coordinator. The CAO shall forward a recommendation for disciplinary action to the supervisor of department volunteer services with all pertinent documentation. The volunteer services coordinator shall determine what, if any, disciplinary sanctions are warranted. Within 10 working days of receipt of the recommendation, the supervisor of department volunteer services shall provide written notice of discipline sanctions to the volunteer, CAO, volunteer site coordinator, and volunteer supervisor at all locations where the volunteer was approved to provide services..."

Administrative staff stated that all contractors and volunteers are subject to the same policies as regular employees when it comes PREA. Staff stated volunteer and contractors are expected to abide by the zero-tolerance culture of the facility. They reported they would be barred until the investigation is complete. If they it is found to be substantiated, they would be terminated and not allowed back in the facility.

Standard 115.78 Disciplinary sanctions for inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

At FCC inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. The facility will offer therapy, counseling or other interventions to interrupt that type of behavior. If an inmate makes a report in good faith, there will no disciplinary action.

115.78(a)(b)(c)(d)(e)(f)(g) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (M), pages 24 and 25 state, "Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding conduct violations and

disciplinary sanctions. The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The mental health notification memo (SOP Reference H) will be completed and forwarded to mental health staff for completion prior to concluding the disciplinary hearing. If found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff member, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders will not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions."

Policy IS&SOP 19-1.1 Conduct Rules and Sanctions, Section II (Definitions) pages 1 and 2 state, "If the rule violation is a major violation, is serious in nature, threatens the safety and security of the institution, is for sexual misconduct, or involves the destruction of state or offender property the employee should immediately fill out a Conduct Violation Report (Attachment A) and not use an informal sanction." This policy also defines sexual activity as "Any sexual act; intentional touching, whether done by a foreign object or by physical human contact of a sexual part of another or of self, regardless of whether such touching is consensual, kissing, or fondling; or physical or verbal conduct of a sexual nature."

This policy also defines forcible sexual misconduct as "Using force, coercion or threats of force to obtain the compliance of another in any type of sexual activity." It defines sexual misconduct as "Engaging with another in any type of sexual activity; Engaging in the self-touching of one's sexual parts in view of others and inappropriately exposing one's sexual parts to others."

FCC provided a copy of a memo dated August 1, 2013 that was addressed to all Wardens and the subject was "PREA Protocols." The memo stated, "The date for full compliance with PREA standards is rapidly approaching. When fully implemented, our facilities will be better equipped to detect, prevent, and respond to incidents of offender sexual abuse and harassment. During our DAI Staff meeting yesterday, we discussed the PREA protocols that will move the department towards compliance with the PREA standards. While the procedure revisions are pending, we are implementing the PREA protocols, which were provided to you yesterday, as outlined below: To be implemented for PREA incidents that occur from this day forward: Segregated Housing for Protective Custody, Disciplinary Sanctions and Mental Health..."

FCC reported four instances of administrative findings of inmate-on-inmate sexual abuse in the base 12 months. They have had zero findings of guilt.

FCC states that inmates are not punished for making a PREA allegation especially if it is made in good faith. Administration reported this is in MDOC policy.

RECOMMENDATION: The new Site Coordinator should access tools located on the PREA Resource Center's website (<http://www.prearesourcecenter.org>) This site has tools and guidance on the implementation of the National PREA Standards. A copy of the standards can also be found on this site. It is also recommended the new site coordinator take several afternoons and familiarize herself with the standards and the FAQ's on implementation.

After visiting with mental health staff, it was reported they do not get the mental health referral until have an inmate is found guilty of sexual misconduct. They also advised there are no consequences if the inmate chooses not to participate in services.

In the past 12 months there have been no substantiated cases where an inmate's mental disability or mental illness contributed to his behavior when receiving sanctions during the disciplinary process.

116.78(c) Auditor reviewed the Disciplinary Sanction Sheet that outlined the disciplinary process for forcible sexual abuse. This process outlines the responsibilities of the Adjustment Hearing Board as well as a Qualified Mental Health Professional. The process also states, "PREA mandates that the disciplinary process consider whether an offender's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, shall be imposed. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. In this process it also states that an offender will not be issued a conduct violation for sexual misconduct involving a staff member unless the sexual activity is forced upon the staff member by the offender. In addition it states a report of offender sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation or the allegation is unfounded."

Standard 115.81 Medical and mental health screenings; history of sexual abuse

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Inmates housed at FCC are offered follow up meetings with medical or mental health professionals if they disclosed any prior sexual victimization. This is also offered to inmates who have previously perpetrated sexual abuse. Informed consent is obtained from inmates unless they are under the age of 18.

115.81(a)(c)(d) SOP DI-8.13 Offender Sexual Abuse and Harassment, page 10, Section III (C) (5), page 12, states, "If the screening indicates that an offender has experienced prior sexual victimization, whether it occurred in a correctional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. ***SOP: Staff completing the assessment shall indicate on the assessment that mental health services were offered and whether accepted or declined in the notes/comments. If question #4 "*At any time, have you ever been the victim of sexual abuse?*" is answered "yes" there must be a comment added regarding mental health services. The case manager conducting the initial adult internal risk assessment will notify the ICMH and the PREA site coordinator to ensure a follow-up meeting is scheduled when the offender agrees to accept services. If the screening indicates that an offender has previously perpetrated sexual abuse, whether it occurred in a correctional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. ***SOP: Staff completing the assessment shall indicate on the assessment that mental health services were offered and whether accepted or declined in the notes/comments. If question #16 "*Has the offender ever been found guilty of any sex offenses with adult victims?*" is answered "yes" there must be a comment added regarding mental health services. The case manager conducting the initial adult internal risk assessment will notify the ICMH and the PREA site coordinator to ensure a follow-up meeting is scheduled when the offender agrees to accept services. Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting."

IS11-32 Receiving Screening – Intake Center, pages 4 -5, Section III (B) states, "If during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment. If the screening indicates the offender has experienced prior sexual victimization and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated and the offender will be offered a follow-up meeting with a medical and/or mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a QMHP within 14 days of the intake screening. Health services staff members shall obtain informed consent from offenders in accordance with institutional services regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18."

Auditor also reviewed the PREA Risk Assessment Manual --- many questions remind users that if marked "yes" they need to contact mental health. For example Question 1 of the Risk Assessment:

1. Have you ever been approached for sex/threatened with sexual abuse while incarcerated? (If the offender offers any information with regards to incident place information in the comments box, it is not necessary to get specific details. Determine if the incident was reported. Has the assailant been added to the victim's enemy listing? Determine if the offender needs Protective Custody or a Mental Health Referral..."

Interviews with inmates stated they knew if they wanted mental health assistance due to a PREA allegation they can request it through their Functional Unit Managers (FUM's.) Inmates stated they have never been denied access to mental health at this facility.

115.81(b)(e) FCC provided a copy of the "AIC Mental Health Referral List 2016." This log tracks all mental health referrals from coordinated responses and information obtained from the risk assessment. It also tracks the offender name, DOC number, date mental health was notified, if services were declined or accepted and if follow-up services were offered.

Standard 115.82 Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Inmate victims of sexual abuse at FCC receive timely, unimpeded access to emergency medical treatment and crisis intervention services. They are also offered information and access to sexually transmitted infections prophylaxis. All services are provided at no cost to the victim.

115.82(a)(b)(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, pages 21 - 24 states, "Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment. Health Services staff member cannot collect physical evidence from a victim or perpetrator following a report of offender sexual abuse but may assist in the preservation of items related to the incident. A sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE) may collect evidence in conjunction with a sexual assault examination. Health services staff members will screen victims for obvious physical trauma, and provide emergency medical care. If the alleged perpetrator is a staff member, the victim will be transported to the community emergency room for a sexual assault examination to be performed by a SANE or SAFE. The offender will be out counted when the incident is alleged to have occurred within 120 hours. If an allegation of offender sexual abuse is made within 120 hours of the alleged event and consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis, health services staff member will: Contact the on call SANE staff member to inform them to report to the facility and determine the staff member's estimated time of arrival. Notify the shift commander that a sexual assault examination is needed and the estimated time of arrival of the SANE staff member. The shift commander will proceed with the coordinated response as outlined in the coordinated response protocol for institutions. The offender will be held in medical when possible until the arrival of the investigator and the victim advocate. Keep the victim separated from the perpetrator by sight and sound at all times. Obtain informed consent from the victim for completion of the sexual assault examination. If the victim refuses a sexual assault exam, health services staff members will educate the offender on importance of sexual assault exams. If the offender continues to refuse a sexual assault exam, documentation of the refusal will be noted on the refusal of treatment - no show form. Document any emergency treatment provided, in subjective complaints, objective findings assessment, and treatment plan (SOAP) format, in the applicable department computer system. Interact with the alleged victim in a neutral and non-judgmental manner. Ask the alleged victim for details of the incident that are important for the provision of health and services. Related documentation of the alleged assault should be released only to the CAO or designee and the institutional investigator.

The SANE staff member will collect evidence according to established forensic procedures for processing and document the exam and finding in the applicable department computer system. If a SANE staff member is not available to conduct the sexual assault examination or if the victim's injuries are such that emergency room care is required, the victim will be transported to the community emergency room with a SANE or SAFE for the sexual assault examination. The health services staff member will notify the community emergency room. The health services staff member will contact the shift commander to arrange transportation to the emergency room in accordance with institutional services procedures regarding offender transportation and hospital and specialized ambulatory care. If the victim has showered and it has been more than 120 hours since the alleged assault, the physician will determine treatment and whether a sexual assault forensic exam is necessary. For investigative purposes, the investigator may direct that the victim receive a sexual assault medical examination by the on-call SANE staff member. Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis will be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims will be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate. If initial disclosure of offender sexual abuse is made to health services staff members, notification will be made to the shift commander to initiate the coordinated response to offender sexual abuse in accordance with this procedure. The reported perpetrator's health record will be reviewed by the health services administrator or designee and referred to the physician for appropriate communicable disease diagnostic testing.

Upon receiving a report of a substantiated case of offender sexual abuse the PREA site coordinator will submit a referral and screening note - health services form to ensure the perpetrator will be assessed by qualified mental health professional (QMHP) within 60 days of learning of

such abuse.

If the allegation involves penetration and the offender is receiving a sexual assault exam and/or treatment, a QMHP will assess the victim within two hours of the completion of the exam. If the allegation involves penetration but a sexual assault examination is not indicated due to the lapse of time since the event or the victim has showered, a QMHP will assess the offender within two hours of receiving notification from the shift commander. If the allegation involves non-penetration, mental health staff members will receive a referral and screening note - health services from the shift commander and assessment will be offered within the next business day unless emergent events warrant a more immediate response by mental health staff members. During the initial assessment, mental health treatment interventions will be discussed with the victim by the QMHP and will include options such as individual and/or group therapy. The QMHP will explain and offer advocacy services to the alleged victim offender. Advocacy will not be offered for allegations of sexual harassment. The QMHP will document the offender's acceptance or refusal of advocacy services in the electronic medical record. If the offender refuses advocacy services the QMHP will have the victim sign the refusal of treatment - no show form. If the offender requests an advocate, the QMHP will notify the PREA site coordinator. If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 120 hours within a correctional facility, or 92 hours within a community confinement facility, custody staff first responders will take preliminary steps to protect the victim and will immediately notify the appropriate medical and mental health practitioners. Victims of sexual abuse will be offered timely information and access to emergency contraception and prophylactic treatment for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate. Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Each victim and abuser will be offered medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment plans. When necessary, referrals will be completed for continued care following their transfer to, or placement in, other facilities or their release from custody. Victims and abusers will be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services. Victims of sexually abusive vaginal penetration while incarcerated will be offered pregnancy tests. If pregnancy results, the victim will receive timely, comprehensive information, and access to all lawful pregnancy-related medical services."

FCC's Coordinated Response to Offender Sexual Abuse addresses medical and mental health responsibilities for a penetration event and a non-penetration event.

For a penetration event:

Medical will:

- Assess the offender and process the medical out count to a hospital that utilizes Sexual Assault Nurse Examiners (SANE) to collect forensic evidence for an examination.
 - The listing of SANE hospitals can be found on the PREA intranet page. .
 - If the alleged victim refuses to submit to a forensic examination after speaking with the investigator, medical will have the offender sign the medical refusal form which will be forwarded to the PREA Site Coordinator to be attached to the PREA Event Checklist.
 - Provide follow-up care upon offender's return from the medical out count.

Mental Health:

- Mental Health will respond within 2 hours of the offender's return from the medical out count.

For a non-penetration event:

- Mental health – Mental Health Referral Form – will respond no later than the next business day

Mental health staff state that services start as soon as they are made aware of the need. They also were able to articulate their first responder responsibilities if something were to happen inside the clinic.

115.82(d) Auditor reviewed the contract requirements the MDOC has with Corizon. Pages 25 and 26 outline Corizon's obligations when obtaining medical care services from hospitals. The pages 42 – 45 outlines Corizon's experience with PREA, training regarding PREA, zero tolerance and mandatory reporting requirements if witnessing any form of sexual misconduct. Corizon will not charge victims for any services provided.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC offers medical and mental health evaluations/treatment to all inmates who have been victimized by sexual abuse in any confinement settings. They also offer tests for sexually transmitted infections as medically appropriate. (NOTE: FCC is a male only facility.)

115.83(a)(b)(c)(d)(e)(f) SOP D1-8.13 Offender Sexual Abuse and Harassment, page 22, Section III (G) states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis will be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims will be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate."

Mental Health/Medical Staff stated that physical exams are always done on all alleged victims. They always check to see if there is anything that is reportable. They advised that they do provide services that are consistent with the community.

115.83(g) Policy SOP D1-8.13 Offender Sexual Abuse and Harassment states, "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

115.83(h) Medical also stated that known abusers were referred for mental health evaluations.

Standard 115.86 Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigations, unless the allegation is determined to be unfounded. They do this within 30 days of the conclusion of the investigation. Members of the review team include upper-level management, supervisors, investigators, and medical and/or mental health professionals. The members document their findings and any recommendations they may make.

115.86(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, page 24, Section III (I) states, "Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded."

115.86(b) Policy D1-8.13 Offender Sexual Abuse and Harassment states, "Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry utilizing the PREA sexual abuse debriefing form and submitted to the department PREA coordinator, CAO, and assistant division director."

115.86(c) Policy D1-8.13 Offender Sexual Abuse and Harassment states, "The review team for offender sexual abuse events shall include the PREA site coordinator, and other upper level administrators, when applicable, with input from supervisors, investigator, and medical or PREA Audit Report

mental health practitioners, when applicable. ***SOP: The review team will consist of the PREA site coordinator, warden, investigator, health services administrator/designee, and other staff deemed necessary for the review by the PREA coordinator or warden. A complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The written report will be prepared by the PREA site coordinator.

115.86(d) Auditor reviewed two reviews of sexual abuse incidents that resulted from two unsubstantiated dispositions and one substantiated. This review included the name of the victim, assailant, staff members involved in the briefing, date and time of the incident, what occurred, location of the incident, housing information, was the allegation motivated by race, ethnicity or sexual orientation, information on the coordinated response, information on a forensic exam, mental health consultation, and any recommendations. These reviews were also included in the facility's annual report.

Administration stated that they review each case and look for ways that can be done to make it better for the inmate and for the facility. They use these reviews to their advantage to improve prevention of abuse. These reviews can justify the need for more cameras and can also justify the need for additional staff.

115.86(e) Policy D1-8.13 Offender Sexual Abuse and Harassment states, "The facility shall implement the recommendations for improvement, or shall document its reasons recommendations shall not be implemented. The completed report shall be stamped confidential and shall be submitted to the assistant division director with a copy to department's PREA coordinator. The assistant division director shall forward the report to the division director. A copy of the report shall be filed in the institutional PREA event file for future audits."

One of the reviews included addressing inappropriate cell assignments with staff.

RECOMMENDATION: The new Site Coordinator should access tools located on the PREA Resource Center's website (<http://www.prearesourcecenter.org>) This site has tools and guidance on the implementation of the National PREA Standards. A copy of the standards can also be found on this site. It is also recommended the new site coordinator take several afternoons and familiarize herself with the standards and the FAQ's on implementation.

Standard 115.87 Data collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Data needed to complete the annual Survey of Sexual Violence is collected in the Correctional Information Network (COIN) system. Data is collected and reviewed annually.

115.87(a)(b)(c)(d) Policy D1-8.13 Offender Sexual Abuse and Harassment states, "Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA coordinator by the last working day in March. The report shall include: 1) identified problem areas, 2) recommendations for improvement, 3) corrective action taken, 4) if recommendations for improvements were not implemented, reasons for not doing so, 5) a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facility's progress in address sexual abuse, 6) an evaluation of the need for camera and monitoring systems, 7) in consultation with the PREA site coordinator; assessment determination, and documentation of whether adjustments are needed to the staffing plan, the deployment of video monitoring and the resource availability to adhere to the staff plan. The yearly report shall be submitted to the division director and the department PREA coordinator no later than the last working day in March.

The PREA coordinator shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the last working day in May."

Auditor reviewed the aggregated data for 2016. This data broke down PREA cases for each facility in the MDOC. It tracks location, event creation date, date of event, type, agency case number, even number, findings and date case was closed.

Auditor reviewed the MDOC 2015 PREA Annual Report. This report contained information on the progress the department made in 2014 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

Administrative staff reported that data is collected monthly and reported annually to the PREA Coordinator.

115.87(e) N/A FCC does not contract for the confinement of its inmates.

115.87(f) FCC completes the SSV each year.

Standard 115.88 Data review for corrective action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.88(a)(b)(c) SOPD1-8.13 Offender Sexual Abuse and Harassment, pages 27 – 28 state, “Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department’s PREA coordinator by the last working day in March. The report shall include: (1) identified problem areas, (2) recommendations for improvement, (3) corrective action taken, (4) if recommendations for improvements were not implemented, reasons for not doing so, (5) a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse, (6) an evaluation of the need for camera and monitoring systems, (7) in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to the:

- (A) the staffing plan,
- (B) the deployment of video monitors, and
- (C) the resource availability to adhere to the staffing plan.

The yearly report shall be submitted to the division director and the department PREA coordinator no later than the last working day in March.

Agency Report: The PREA coordinator shall prepare an annual report compiling each facility’s current year’s data and corrective actions. The report shall include: (1) a comparison with prior year's data, (2) corrective actions, and (3) an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the last working day in May.

Auditor reviewed the statewide annual report as well as the report as it relates specifically to FCC.

Auditor reviewed the 2015 PREA breakdowns for each facility in the MDOC.

Auditor reviewed the MDOC 2015 PREA Annual Report. This report contained information on the progress the department made in 2014 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

115.88(d) SOPD1-8.13 Offender Sexual Abuse and Harassment also states, “The COA or designee, PREA coordinator, and/or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of the facility. The CAO or designee, PREA coordinator, and/or department director shall indicate the nature of the material edited. The department’s annual PREA report shall be made available to the public on the department’s internet website.”

Standard 115.89 Data storage, publication, and destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.89(a) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

115.89(b) SOPD1-8.13 Offender Sexual Abuse and Harassment, page 28 states, "The department's annual PREA report shall be made available to the public on the department's internet website."

Auditor reviewed the MDOC 2015 PREA Annual Report. This report contained information on the progress the department made in 2015 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

115.89(c) SOPD1-8.13 Offender Sexual Abuse and Harassment also states, "The COA or designee, PREA coordinator, and/or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of the facility. The CAO or designee, PREA coordinator, and/or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website."

115.88(d) According the Agency Records Disposition Schedule (Inspector General Section) , this information is retained for five years, and then it is destroyed.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

/s/ Elisabeth M. Copeland

05/19/2017

Auditor Signature

Date

PREA Facility Audit Report: Final

Name of Facility: Jefferson City Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/20/2017

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Rhonda Brennan	Date of Signature: 04/20/2017

AUDITOR INFORMATION	
Auditor name:	Brennan, Rhonda
Address:	
Email:	RBrennan@idoc.IN.gov
Telephone number:	
Start Date of On-Site Audit:	02/27/2017
End Date of On-Site Audit:	02/28/20-17

FACILITY INFORMATION	
Facility name:	Jefferson City Correctional Center
Facility physical address:	8200 No More Victims Road, Jefferson City, Missouri - 65101
Facility Phone	
Facility mailing address:	
The facility is:	<input type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input checked="" type="radio"/> State <input type="radio"/> Military <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
Facility Type:	<input checked="" type="radio"/> Prison <input type="radio"/> Jail

Primary Contact			
Name:	Kelly Morriss	Title:	Deputy Warden
Email Address:	kelly.morriss@doc.mo.gov	Telephone Number:	573-751-3224

Warden/Superintendent			
Name:	Jay Cassady	Title:	Warden
Email Address:	jay.cassady@doc.mo.gov	Telephone Number:	573-751-3224

Facility PREA Compliance Manager			
Name:	Kelly Morriss	Email Address:	kelly.morriss@doc.mo.gov

Facility Health Service Administrator			
Name:	Wanda Laramore	Title:	Health Service Administrator
Email Address:	wanda.laramore@doc.mo.gov	Telephone Number:	573-751-3224

Facility Characteristics		
Designed facility capacity:	2052	
Current population of facility:	1941	
Age Range	Adults: 18-83	Youthful Residents:
Facility security level/inmate custody levels:	C-2/C-5	
Number of staff currently employed at the facility who may have contact with inmates:	588	

AGENCY INFORMATION	
Name of agency:	Missouri Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	2728 Plaza Drive, Jefferson City, Missouri - 65101
Mailing Address:	P.O. Box 236, Jefferson City, Missouri - 65102
Telephone number:	573-751-2389

Agency Chief Executive Officer Information:			
Name:	Anne L. Precythe	Title:	Acting Director
Email Address:	Anne.Precythe@doc.mo.gov	Telephone Number:	573-526-6607

Agency-Wide PREA Coordinator Information			
Name:	Vevia Sturm	Email Address:	vevia.sturm@doc.mo.gov

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

A Prison Rape Elimination Act Audit of the Jefferson City Correctional Center (JCCC) was conducted from February 27-March 1, 2017. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012. Certified PREA Auditor Ty Robbins assisted with the onsite tour, staff and inmate interviews, and documentation review. It should be noted that the audit is being conducted as part of a multi-state consortium consisting of California, Indiana, Kansas, Louisiana and Missouri.

The auditor wishes to extend its appreciation to Warden Jay Cassaday and his staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made by the auditor. The auditor would also like to recognize JCCC Deputy Warden Kelly Morriss (PREA Compliance Manager) for his hard work and dedication to ensure the facility is compliant with all PREA standards.

PRE-AUDIT

The auditor provided the facilities with a Notification of Audit on January 11, 2017. The notification contained information on the upcoming audit and stated that any inmate with pertinent information should mail the auditor at a post office address provided and including the onsite visit date (February 27, 2017). The auditor instructed the facility to post this notification in all housing units and throughout the facilities at least six weeks prior to the onsite audit. During the facility tours, the auditor observed the posting in all housing areas and throughout the facilities. The auditor was advised by the PREA Compliance Managers that the notifications were posted six weeks prior to the onsite audit. During this time, the auditor received one letter from an inmate at the facility. The letter did not concern PREA but facility policy.

Approximately four weeks prior to the onsite audit, the agency and facility initiated the uploading of their policies, as well as other relevant information into the audit tool. Approximately two weeks prior to the onsite audit, the facility provided the auditor with access to the audit tool. Over the next two weeks, the auditor reviewed the questionnaire and all relevant documentation. Prior to the onsite audit, the auditor provided the facility with follow-up questions based on the review of the pre-audit questionnaire and documentation.

ONSITE

On day one of the onsite visit there were 1913 inmates assigned to the facility in Housing Units 1-8 with several more in the Hospital unit (up to 29). The facility reports a 2051 with an average capacity of 1941. There were 1942 inmates on the day of the audit.

An entrance meeting was held the morning of the onsite audit with the following persons in attendance: Warden Jay Cassaday, Deputy Warden Kelley Morriss, MDOC PREA Coordinator Vevia Sturm and several other staff persons for the state and facility. At the meeting the auditor requested and was

provided with a listing of all offenders by housing unit and staff rosters for each shift assigned to the facility. In addition to these, a listing of all medical staff, volunteers and staff who monitored for retaliation were provided.

Staff and offenders names were randomly chosen by the auditor from the lists provided. Once the names were identified, these same staff, volunteer and offender names were utilized for the random background, training and offender assessment and education checks. By choosing staff and offenders randomly, it ensured that they would have varied backgrounds and length of service for staff, or length of stay for offenders. Lists of offenders who identified as LGBTI were obtained and a random selection was made to ensure that offenders from general population as well as segregated housing units were conducted. All specialized Medical (one SANE) and Investigative Staff (1 criminal and 2 administrative) were interviewed.

None of the twenty staff or offenders randomly chosen for the interviews declined to be interviewed. The accommodations provided to the auditors allowed for sufficient privacy for the persons being interviewed. The accommodations were also in such a location as to allow a steady stream of staff and offenders to allow for no down time. Throughout the audit, facility staff were great to work with and accommodated the auditor requests.

After the entrance meeting, the audit team was given a tour of all areas of the facility. The team split into two (2) and each auditor took separate areas of the facility to ensure that each area of the facility was visited. The auditor team viewed each housing unit, noting the placement of staff and cameras throughout the facility. In addition the auditor noted the placement of posters outlining reporting and advocacy services provided to the offenders. On each unit, the auditor noted that cross-gender announcements were being made and that the "Notice of PREA Audit" had been clearly posted throughout the tour. The housing units consisted of two floors with general housing providing two-persons rooms. The rooms had a solid metal door with a small window to allow for staff to view into. It was incumbent on staff to make rounds as they would be unable to view into the cells from any distance. Once an offender is outside the cell, the camera coverage in the public areas is excellent. On the segregated housing units, some of the cells were single-cell and others were double with the same configuration on the doors.

In all the housing units, toilets and shower areas had appropriate coverings. Several areas required additional coverings: Chapel restroom, Food Service Restroom and Recreation Gym Restroom. Those areas received additional coverage prior to the completion of the onsite visit. In the hospital unit, the auditor found that the camera allowed for cross-gender viewing but would not show any offenders in a state of undress or utilizing the toilet due to the angle of placement.

In addition to the living units, medical areas, recreation areas, dining rooms, library, control room and program areas were also toured. The auditor noted that PREA reporting information and advocacy services information were provided in these areas as they were on the housing units. The facility also placed signage in areas where female staff worked notifying the offender population of their presence on the unit. On the outer perimeter of the facility is a transportation hub. Offenders from facilities throughout the state are sent to the hub, where they await transport to another facility. Each facility has a separate holding area for the offenders. This was toured as well. Also toured was a cook and chill operation that prepares the food for use throughout the state. Sufficient staffing was found in all areas as well as a large amount of camera coverage. Random staff and offenders were interviewed throughout the tour and all provided information on how to report sexual abuse and harassment, the frequency of supervisory staff

rounds and the opposite gender announcements.

The auditor made several requests for documentary information to clarify several standards, to include housing logs and shift rosters. Prior to the end of the onsite tour, all the information requested was received.

At the exit interview, documentation received was reviewed and discussion was made of the tour observations and the standards reviewed.

POST-AUDIT

After the onsite portion of the PREA audit, this auditor reviewed all notes and documents from the tour, all interviews and reviewed all documentation obtained during the Pre-Audit phase, reviewing their applicability to each standard to ensure that they addressed each requirement. Work on the audit report began.

March 21, 2017, the audit report was submitted to the PREA Resource Center for review. The final report, showing full compliance, was submitted on April 20, 2017.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the type of the facility, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation.

The Jefferson City Correctional Center was constructed at an approximate cost of 120 million dollars. It officially opened September 14, 2004. The institution had 588, of 665 allotted, staff plus 100 volunteers in corrections. The institution is composed of 1,440 general population offenders, 144 offenders in protective custody, and 340 offenders in administrative segregation status.

As a medium/maximum security facility there are a total of eight housing units, the majority with a sustained population of 288 offenders per unit. The complex is divided into A and B sides, with four housing units located on each side, divided in the middle by a large central services building. The central services complex contains the following services sections: medical unit (29-bed infirmary), library, education classrooms, institution activities office, chapel, offender property room, offender canteen, clothing issue, offender barber shop, two gymnasiums, food services (including three dining rooms), staff dining room, and the laundry. Additionally, the vast complex is the site for Information Technology and offenders working for the Department of Social Services.

The 42 acre prison complex also includes an administration building housing administrative offices, training rooms, and the institution's control center; a multipurpose building containing two visiting rooms and a parole hearing room. A large industrial building is located at the northeast corner of the site. Industries operated at JCCC include: a clothing factory, furniture factory, license plate manufacturing, recycled ink cartridges, and a graphic arts products operation. The perimeter of the institution is protected by several high security fences which include a lethal fence. There are also additional state-of-the-art security technologies in place to protect public safety.

A maintenance building, powerhouse, and garage complex are located outside the main perimeter. In the same area is the main warehouse and a regional cook-chill operation which provides meals for seven institutions in the central part of the state.

Programs in place to help offenders include: a HiSet program facilitated by volunteers who assist offenders in reaching the high school equivalency level, and a Restorative Justice program that teaches offenders to take responsibility for their criminal behavior and to realize the negative impact their behavior has had on countless citizens including their own families. The program gives offenders the skills and opportunity to give back to their community. Another program available to men who qualify is the Intensive Therapeutic Community (ITC), a drug and alcohol program that stresses a holistic approach to help change criminals into productive citizens. The ITC program at JCCC is the only known program of its kind in a maximum security prison in the country. The focus has been on re-entry effort in recent years and several new programs have been developed to address the increase of releasing offenders.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Number of standards exceeded:	0
Number of standards met:	45
Number of standards not met:	0

A thorough review of the facility shows that it is clearly compliant with PREA standards. Offenders and staff were well-versed in their right to be free from sexual abuse and sexual harassment. Throughout the tour and in the interview process offenders and staff were free to speak with the auditors and were able to state how to report and what advocacy services were available to them.

The overall impression was that the inmates felt safe at the facility and were able to articulate how they received education on PREA and how to report sexual abuse and harassment, as both the victim and 3rd party reporter. No staff or offender recalled any cross-gender searches being conducted. Offenders routinely stated that they viewed a video on PREA continuously as it was shown several times a week on the offender television channel. Most offenders and staff interviewed indicated that once a PREA complaint was made that the offender was moved to segregation. The auditor reviewed the random files and found that this was not the practice.

All staff at the facility were considered First Responders, however knowledge varied with custody staff presenting as more knowledgeable on the preservation of evidence for the scene, victim and perpetrator. Staff were able to articulate the immediate removal of an offender at risk for sexual victimization from the suspect perpetrator.

Standards Exceeded 0

Standards Met 42

Standards Not Met 0

Standards Not Applicable 1

Below is a listing of policies provided for review during the audit.

D1-1.1 Investigations 1-1-17

D1-8.4 Administrative Inquiries 8-28-14

D1-8.13 Offender Sexual Abuse and Harassment 12-17-16

D2-2.2 Background Investigations 5-10-14

D2-2.8 Promotional Appointments 2-2-14

D2-2.10 Re-Employment Appointment 11-30-13

D2-11.10 Labor Organizations 9-20-13

D2-11.14 Annual Employment Requirements 6-30-13

D2-13.1 Volunteers 10-5-13

D2-13.2 Student Interns 10-5-13

D5-3.2 Offender Grievances 1-1-15
IS5-2.3 Offender Internal Classification 12-21-13
IS5-3.1 Offender Housing Assignments 12-21-13
IS6-13 Offender Personal Appearance and Grooming 5-23-15
IS11-32 Receiving Screening Intake Unit 12-10-16
IS11-34.1 Health Assessment and/or Physical Examination 6-15-14
IS18-1.1 Required Activities 8-24-14
IS19-1.1 Conduct Rules and Sanctions 6-27-10
IS20-1.3 Searches 12-1-14

Acronyms used:

AIO Administrative Inquiry Officer
AIRA Adult Internal Risk Assessment
CAO Chief Administrative Officer
COIN Corrections Information Network
DAI Division of Adult Institutions
GED General Education Diploma
IRIS Investigation Records Intelligence System
ITC Intensive Therapeutic Community
JCCC Jefferson City Correctional Center
JDI Just Detention International
LGBTI Lesbian, Gay, Bisexual Transgender and Intersex
MOCOA Missouri Corrections Officer Association
MDOC Missouri Department of Correction
MULES Missouri Uniform Law Enforcement System
NIC National Institute of Corrections
NCIC National Crime Information Center
PREA Prison Rape Elimination Act
RAINN Rape, Abuse and Incest National Network
SAFE Sexual Assault Forensic Examiner
SANE Sexual Assault Nurse Examiner
SART Sexual Assault Response Team
SSV Survey of Sexual Violence
TASC Temporary Administrative Segregation Confinement

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.11 JCCC policies and procedures, namely, D1-8.13 Offender Sexual Abuse and Harassment, and the JCCC PREA Coordinated Response Protocol, outline the state and facility guidelines towards PREA compliance. The procedures establish the department's zero tolerance for offender sexual abuse and harassment and establishes strategies and responses to reduce and prevent offender sexual abuse and harassment." These strategies are spelled out throughout the documents which include: (1) how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment (2) a list of prohibited behaviors regarding sexual abuse and sexual harassment (3) sanctions for those found to have participated in prohibited behaviors and (4) a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of offenders.</p> <p>The random staff and offenders interviewed (20 randomly selected from the staff lists and housing unit lists for in-depth interviews) and random staff and offenders (selected from every other housing unit while on tour) and confirm that "zero-tolerance" is the standard maintained throughout the facility. Staff and offenders were able to describe what types of behaviors were prohibited and actions that would be taken in response to an incident of sexual abuse/harassment. This is further supported by observation on site of the postings throughout the housing units and program areas around facility and a video played several times a day on the offender television channel.</p> <p>The State of Missouri designed an agency-wide PREA Coordinator. The MDOC PREA Organizational Chart provided shows that the PREA Coordinator reports to the General Counsel who is a direct report to the Director. When interviewed, she indicated that she had sufficient time and authority to develop, implement, and oversee PREA compliance efforts throughout the state. There are 29 site coordinators throughout the state, seven (7) of those in probation/parole. The coordinator said they interacted with all site coordinators (PREA Compliance Managers). If issues arise, indicated that they would make recommendations for the facility to follow, or put a team together if a policy change was indicated.</p> <p>The Division of Adult Institutions (DAI) JCCC Administration Organizational Chart shows that Corrections Manager Level B2 reports to Corrections Manager Level B3 at Adult Institutions, and it is noted that a Deputy Warden at each prison is designated as the PREA Site Coordinator. When interviewed the PREA Compliance Manager at JCCC indicated that he had sufficient time to manage the PREA-related responsibilities. He indicated that he stayed in constant contact with the agency PREA Coordinator and if he has an issue with compliance that he goes through the PREA Coordinator for directions.</p> <p>Based upon the evidence discussed: review of policies, random and specialized staff/offender interviews, and observations made onsite, the facility has demonstrated compliance with this standard.</p>

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.12 (a) D1-8.13 Offender Sexual Abuse and Harassment, Section III-A10, page 6, reads, "All residential contractors will adopt and comply with PREA standards as outlined in their contract with the department. The Chief Administrative Officer (CAO) or designee will regularly audit residential contractors to ensure compliance with the PREA standards. The department may enter into contracts with an entity that fails to comply with PREA standards only in emergency circumstances."</p> <p>Contracts were awarded under the numbers CS160754001, CS160754002 and CS160754003. Each contract for residential facilities contained language requiring adherence to PREA and to the audit standards, and two of the three recipients included their PREA Audit history and PREA Operating Standards as part of the contract.</p> <p>JCCC does not contract with external entities to house its offenders. The awards referenced above were made through the parent agency, MDOC.</p>

115.13	Supervision and monitoring
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1485 573">115.13 The facility submitted D1-8.13 Offender Sexual Abuse and Harassment, outlining the requirement for the maintenance of staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The eleven criteria identified in this standard are addressed in a document provided by the agency and reviewed annually by the facility as part of their annual compliance report. Documentation reviewed during the pre-audit phase supported that no change has been made since 2013 regarding these elements.</p> <p data-bbox="252 629 1485 831">The agency is provided with a staffing allotment which supplies the ratio of staff to offenders at the facilities it operates. The allotment has remained unchanged since 2009 and is based on a overall staffing pattern of one officer to every six offenders (329 officers for an average of 1941 offenders). The facility documents the deviations from the staffing plan on the daily shift rosters.</p> <p data-bbox="252 887 1485 1088">The PREA Compliance Manager indicated that compliance with the plan and deviations were also shown in their incident debriefings to better allocate the staff. A review of the incident reviews supports that considerations were made at each review regarding staffing patterns, as well as the deployment of electronic technology. JCCC has an extensive camera system, which is continuously manned.</p> <p data-bbox="252 1144 1485 1391">Additional documentation provided onsite, included the master roster for the facility, and additional shift reports showing how staffing levels were determined by post and how deviations from the plan were addressed on a daily basis. The 2015 update to the staffing plan was provided pre-audit. The 2016 was not yet completed. The PREA Coordinator indicated that facilities wait until investigations are closed out to submit the annual report, adding this normally occurs around May of each year.</p> <p data-bbox="252 1447 1485 1603">In JCCC Post Orders require that unannounced rounds take place on all housing units and that the rounds should be documented in the Shift Supervisor's summary. Post orders also require supervisors to record such rounds on the staff sign-in logs. Staff persons were found in all locations of the facility and were readily available to the offenders.</p> <p data-bbox="252 1659 1485 2029">Three randomly selected Intermediate and higher level staff, whose names were pulled from the staffing rosters, were interviewed. The supervisory staff indicated that the design of the facility made it difficult for the rounds to be unannounced. Staff open each housing unit door electronically. This was observed by the auditor throughout the tour upon entry into each housing unit. The supervisors indicated that they would not advise staff that they were coming and would vary the time that they would make rounds. None of the supervisors interviewed indicated that staff were ever forewarned to their knowledge. All three confirmed that they conducted these rounds, and documented the rounds on the Shift Summary reports, the chronological logs, sign-in book and post orders.</p> <p data-bbox="252 2085 1485 2152">Additional sign-in logs, and chronological logs were reviewed onsite by the auditor selected at four random housing units and the infirmary. Interviews during the tour onsite with staff and</p>

	<p>offenders and in-depth interviews of 20 random staff and offender confirm that these rounds were taking place.</p> <p>Based upon the evidence discussed: review of policies, random and specialized staff/offender interviews, observations and documentation obtained onsite, the facility has demonstrated compliance with this standard.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.14 D1-8.13 Offender Sexual Abuse and Harassment, reads, "A youthful offender will not be placed in a housing unit in which he will have sight, sound, or physical contact with any adult offender through use of a shared day room or other common space, shower area, or sleeping quarters."</p> <p>JCCC does not house Youthful Offenders.</p>

115.15	Limits to cross-gender viewing and searches
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1481 488">115.15 The agency has policy IS20-1.3 Searches, to address the cross-gender and visual body cavity searches of offenders. This policy includes an exception for exigent circumstances which were defined as: any set of temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.</p> <p data-bbox="252 539 1481 913">The policy IS11-34.1 Health Assessment and/or Physical Examination at Reception, prohibits each facility from searching physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status. The facility reported that no cross-gender strip or visual body cavity searches had been conducted in the past twelve (12) months. JCCC reported no occurrences where non-medical staff performed cross-gender strip/visual searches. If any had occurred, all exigent circumstances searches would be documented by the shift supervisor in the chronological log. State of Missouri "Cross Gender Search" form 931-4701 exists to document cross-gender searches. A blank form was provided for review.</p> <p data-bbox="252 965 1481 1391">Eight inmates reported that female staff announce their presence when entering the unit and entering the wings. Two dissenters said it was a recent occurrence. The majority indicated the announcements had taken place for years. The auditor toured each housing unit and observed that each wing was arranged so that when a staff person arrives on the unit they are in close proximity to the showers. All the showers are single-person showers, with a door blocking view of the mid-range area of the occupant with the head and feet remaining visible. No inmate reported that they were naked in full view of the opposite gender outside of medical staff. No offenders, including those who identified as Lesbian, Gay, Bisexual, Transgender or Intersex (LGBTI), reported that they were subjected to a strip search for the sole purpose of determining their genital status.</p> <p data-bbox="252 1442 1481 1868">Nine staff interviewed at the facility reported that they received training specific to cross-gender searches in the past year, but also receive PREA training through the computer as refresher courses. Newer staff reported the training was part of their CORE program received at their academy. Staff were able to physically demonstrate how such a search would be conducted, indicated that the male staff would perform the searches on all offenders housed at the facility and would utilize the back of the hand when searching the area around the breast of the transgender female offenders. Only one staff person was not able to describe the above procedure correctly. None of the staff interviewed indicated that they conducted searches for the sole-purpose of determining an offender's genital status. All but one staff person were aware of the policy prohibiting the searches.</p> <p data-bbox="252 1919 1481 2157">The display of a sign indicating when a cross gender staff member is present is provided to notify hearing-impaired offenders. This sign was observed at several locations throughout the facility, to include the infirmary. During the tour the urinal in the Food Service area allowed viewing by the opposite gender. A sturdy cardboard piece was placed in the window, effectively blocking the view. A urinal in the Recreation Gym also allowed for viewing by the opposite gender, a screen to block the viewing was put in to place at this location, as well.</p>

JCCC does not house female offenders.

Based upon the evidence discussed: review of policies, random and specialized staff/offender interviews, and observations and corrections made onsite, the facility has demonstrated compliance with this standard.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.16 D1-8.13 Offender Sexual Abuse and Harassment, addresses the availability of materials to offenders who are limited English proficient, deaf, visually impaired, or otherwise disabled. The usage of offenders would be limited to exigent circumstances.</p> <p>Brochures in English, Chinese, and Japanese were provided as examples with the notation that Braille brochures are available for review by offenders. The brochure provides definitions of sexual abuse and harassment, consequences of sexual abuse/harassment for the perpetrator, victim's rights, and methods of reporting and prevention of sexual abuse. Acknowledgement forms for each language were also provided. Additional brochures were provided for Vietnamese, Russian and Serbo-Croatian were provided later.</p> <p>For those languages where no written materials exist or the offender is not literate, JCCC has contracts in place for Verbal and Sign Language Interpretive Services that expire on June 30, 2017 and March 31, 2017 respectively with options for renewals through 2018. This service was not utilized during the past year.</p> <p>The Division of Adult Institutions PREA Offender Education Memorandum dated April 11, 2012, outlines the use of the Lesson Plan and Video "Speaking Up". The video is shown daily on the offender television channel, which was confirmed through staff and offender interviews throughout the tour and in-depth.</p> <p>The ten random staff interviewed indicated that offender interpreters may be used but they have never seen it happen. They were not sure about if the inmate interpreters would be utilized in an investigation but expressed that it was more likely that staff would be utilized in those instances. The staff indicated that they knew of no offenders who were currently housed at the facility who were not proficient in English, but would read the material to offenders, if needed.</p> <p>No offenders housed at the facility were shown to be limited proficient in English or otherwise required these services. Offenders with learning disabilities had the information read to them and confirm that the information is shown on the offender television channel several times throughout the day. The ten random offenders confirm that the information is provided to them.</p> <p>Random checks of 20 offender packets showed that the education was received within 24 hours of the offender's arrival at the facility. During the tour of the facility, posters in English and Spanish were observed in housing, programming and other areas.</p> <p>Based upon the evidence discussed: review of policies, random and specialized staff/offender interviews, observations and documentation obtained onsite, the facility has demonstrated compliance with this standard.</p>

115.17	Hiring and promotion decisions
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1484 701">115.17 Multiple policies to include: D1-8.13 Offender Sexual Abuse and Harassment, D2-2.2 Background Investigations, D2-2.8 Promotional Appointments, D-2-13.1 Volunteers, and D-2-13.2 Student Interns, address the hiring or promotion of any employee, contractor who may have contact with inmates who: 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in the activity described in #2 above.</p> <p data-bbox="252 757 1401 1003">These same documents detail the requirement to conduct background investigations for candidates for hiring, promotional and voluntary demotions. The policies detail the requirements to consider all sustained allegations before employment or promotion is considered for other appointments and the requirement to contact all prior institutional employers to see if any staff resigned pending an investigation of an allegation of sexual abuse.</p> <p data-bbox="252 1059 1460 1171">An email dated May 6, 2015, the Director of the Division of Offender Rehabilitative Services outlined procedures for Corizon, Gateway and Education Contractors follow when hiring staff that is consistent with the hiring practice for state employees.</p> <p data-bbox="252 1227 1476 1563">The auditor reviewed State of Missouri Department of Correction Application for Employment 931-1419 and the MDOC Volunteers-Student Intern Application 931-0557 provided as examples. Each application covers the questions as the Employment application referenced above. On site, additional documentation for employees, contractors and volunteers, was obtained through a random check of personnel files. This check supported that all employees, contractors and volunteers are found that these questions were asked for all employees, contractors and volunteers at the facility. Volunteers at the facility are continuously escorted. Contractors are not escorted.</p> <p data-bbox="252 1619 1476 1776">D2-11.14 Annual Employment Requirements, supports that a criminal history check is defined as “A screening for criminal activity conducted through the Missouri Uniform Law Enforcement System, and the National Crime Information Center System.” These checks are conducted each calendar year, in the month following each staff member’s birth month.</p> <p data-bbox="252 1832 1476 2157">The State of Missouri Department of Correction does not hire corrections staff at the facility. This is done through the central office. All other staff are hired directly at the facility. However, copies of applications and backgrounds checks were maintained on site for all facility staff and were available for review. A random sample consisting of 20 staff, volunteers and contractors packets supported that the background checks were being conducted for all staff, volunteers and contractors as required and that the checks were being conducted on an annual basis using National Criminal Information Network (NCIC) and Missouri Uniform Law Enforcement System (MULES).</p>

Based upon the evidence discussed: review of policies, random and specialized staff/offender interviews, observations and documentation obtained onsite, the facility has demonstrated compliance with this standard.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.18 JCCC was built in 2004 and has not undergone any substantial modifications since 2012. When placing cameras the warden indicated thought went into location to ensure staffing and high traffic areas were considered. Interviews with the Warden and Agency Head Designee supports the use of cameras throughout the facilities in the state to support PREA compliance.</p> <p>Throughout the tour it was observed that JCCC has an abundance of cameras throughout the facility. Areas identified as blind spots were addressed by the use of staffing or camera placement, or both. During the tour several doors were found unlocked allowing offender access to blind spots: two rooms in the commissary/canteen area, and a staff only restroom in the education area. These were addressed prior to the end of the onsite audit. On housing units, the cameras offer excellent coverage for offenders outside of the cells. Once inside, staff rounds become an issue. As the door offers limited viewing into the cells, staff must ensure that they conduct frequent rounds in order to see inside the rooms. These rounds are documented in the unit log, and staff in the camera viewing observe that the rounds are being conducted.</p> <p>An automated tracking system, "Guard One" is utilized. Staff making rounds, physically press a "pipe" into several stainless steel checkpoints located throughout the facility. These rounds are documented in computer-generated logs to show that the pipe was utilized and at what intervals.</p> <p>Based upon the evidence discussed: review of policies, interviews with specialized staff, observations of practices, and corrections made, the facility has demonstrated compliance with this standard.</p>

115.21	Evidence protocol and forensic medical examinations
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1481 618">115.21 Policies D1-8.1 Investigations, and D1-8.13 Offender Sexual Abuse and Harassment were reviewed. The investigation unit, under the jurisdiction of the inspector general's office, is the investigative unit of the department. This unit conducts investigations in response to reports of violations of Missouri state law and serious violations of department procedure at all facilities throughout the state to ensure criminal violators are prosecuted. Sexual harassment investigations as well as investigation regarding pat searches are investigated by the facility's Administrative Inquiry Officer (AIO) who reports to the warden.</p> <p data-bbox="252 669 1449 916">Corizon contract Section 2.3.3 and Section 2.4.1 concern the delivery of services with the assurance that access to medical and behavioral health care will be provided immediately, upon report or discovery, to victims of sexual misconduct. Section 3.1.12 outlines the contractor requirement to obtain a written agreement that outlines the terms of medical care services from hospitals that are used regularly. This includes the billing for services and any billing that would be applicable for Medicaid.</p> <p data-bbox="252 967 1469 1348">During the past year, there were four (4) instances where a Sexual Assault Nurse Examiner (SANE) was utilized. One was conducted at the University of Missouri in Columbia, the others were conducted onsite by a SANE nurse. No exams were conducted by qualified medical practitioners. When an examination is indicated staff utilize form MO 931-4691 PREA Allegation Notification – Checklist, to show if the exam was indicated and if it was conducted onsite, with the date also noted on the form. The auditor was able to review these forms in instances where the exam was used and when it was not indicated to ensure compliance with this standard. An outside facility would be utilized in instances where a staff person was the alleged perpetrator.</p> <p data-bbox="252 1400 1481 1814">JCCC has one SANE nurse on staff. The current SANEs most recent Skills Competency, dated May 6, 2106, was provided, along with a listing of all SANE-qualified staff in MDOC. When interviewed she indicated it was her last day. However, she was one of three SANE nurses on call in the area so a SANE nurse would always be available. She indicated that she was responsible for SANE forensic examinations and did not conduct any other type of forensic examination. The SANE nurse has an examination area in medical services that allows for items to be removed, categorized and safely handled to ensure privacy for those involved and the avoidance of cross-contamination. 120 hours is the presumptive timeframe used to collect physical evidence. The uniform evidence protocol used by the facility, is the one utilized by the Missouri Highway Patrol.</p> <p data-bbox="252 1865 1481 2157">JCCC is one of the facilities in the state of Missouri that were unable to contract with crisis center and utilizes facility chaplains to serve as victim advocates. Email correspondence dated August 19, 2013 to the PREA Coordinator for MDOC from the Executive Director for the Rape & Abuse Crisis Service indicated that the center would not be able to provide services for the DOC, which reads, "We are looking at the SASP (Sexual Assault Service Provider) grant which does not support the work on an advocate for PREA." JCCC had no instances where the facility advocate was requested, the offenders are offered victim advocacy and can decline.</p>

The Consent for Facility Advocacy Services form is provided which outlines the level of confidentiality by the system advocate and a section for refusal of services.

The training record for the facility chaplain shows five (5) hours of advocacy training were received on October 23, 2013. The Missouri Coalition Against Domestic and Sexual Violence PowerPoint presentation is included. Covered in the course are the nature and dynamics of sexual violence, terminology, survivor and advocate responses, trauma responses, medical and forensic medical examinations, SAFE benefits and drawbacks, the role of the advocate, crisis intervention (how to establish rapport, define problems and concerns) and future plans.

Of the nine staff interviewed, with only one exception, each was able to identify that the investigators were responsible for conducting investigations into the allegations of sexual abuse and sexual harassment. Some were able to discern the difference between the “criminal” and “administrative” investigations. Most were not able to make that determination. When reporting, the staff make determinations as to “Penetration” and “Non-Penetration” events (which is how the two types of investigations are differentiated). Investigative referrals are routed through central office, where they are tracked, and routed back to the facility.

When interviewing offenders, one of the ten made a report of sexual abuse and stated that he had reported it previously to medical staff (in 2010). He stated that medical took care of the issue with which he had been concerned. No investigation was initiated. However, upon the completion of the interviews, staff at JCCC initiated an investigation into the allegations.

Based upon the evidence discussed: review of policies, random and specialized staff/offender interviews, observations and documentation obtained onsite, the facility has demonstrated compliance with this standard.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.22 D1-8.13 Offender Sexual Abuse and Harassment, policy requires administrative and/or criminal investigations are completed for all allegations of sexual abuse and sexual harassment.</p> <p>Prior to the audit, a document listing ongoing investigations for the prior two years was provided. Onsite, an updated document was provided: the State of Missouri form 931-4691 that is utilized to document each PREA allegation and the subsequent notifications made to the CAO, Duty Officer, Investigator, Medical, Mental Health, PREA Site Coordinator, PREA Coordinator and Advocate.</p> <p>From the list of investigations (45 administrative and 21 criminal), a random sampling of 10 investigations was obtained, to ensure that all were completed. The review of the information supports that the investigations were completed for all referrals and documented with 16 still pending completion prior to the start of the audit. During the past year, one referral for criminal prosecution was made. This case was declined for prosecution. The referral of the allegation is published on the facility website.</p> <p>When interviewed, the designee for the agency head indicated that they ensure that all administrative and criminal investigations are completed on allegations of sexual abuse or sexual harassment. This is also supported in interviews with the PREA Coordinator, PREA Compliance Manager and Criminal Investigator. As reported in 115.21 (b), all investigative referrals are routed through central office and then back to the facility.</p> <p>115.22 (c)(d)(e) These sections are not applicable to JCCC.</p> <p>Based upon the evidence discussed: review of policies, random and specialized staff/offender interviews, observations and documentation obtained onsite, the facility has demonstrated compliance with this standard.</p>

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.31 D1-8.13 Offender Sexual Abuse and Harassment covers the department's sexual misconduct and harassment training refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. All part-time employees, volunteers, and contract staff members will receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training. Section III-B4, concerns staff members placed at a female facility reviewing Working with the Female Offender training prior to being placed at a post. JCCC does not house female offenders.</p> <p>In the review of the lesson plans, the following sections were found in the Lesson Plan for Employee Training: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates' rights to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. In the PowerPoint presentation for Refresher Training provided to staff all of the sections required are found.</p> <p>When interviewed the ten random staff at the facility were able to state that they received training in 1-8: how to preserve the crime scene and to adequately ensure victim and suspect evidence was retained as well as being able to cite the agency policy on zero-tolerance, reactions and detection of sexual abuse and harassment, how to avoid inappropriate relationships and (10) their duty to comply with the laws for reporting sexual abuse/harassment. All of the staff interviewed were able to state how to communicate effectively and professionally with inmates (9), including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates. New staff indicated that they had received information in their training on the communication, as well.</p> <p>Twenty random files were selected for staff, contractors and volunteers. It was found that the education was provided to staff through computer-based training and a PREA refresher course, every two years, each providing two credit hours. Lists for those who completed the training and individual training certificates were provided for 2014 and 2016. In conjunction with the training certificates received for the random staff, were signed Missouri DOC forms 931-4655 Prison Rape Elimination Act (PREA) Annual Training Acknowledgement, showing that staff received and understood the training and their obligation to report all forms of offender sexual abuse and/or sexual harassment for 2014 and 2016.</p>

	Based upon the evidence discussed: review of policies, lesson plans, random and specialized staff interviews, observations and documentation obtained onsite, the facility has demonstrated compliance with this standard.
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115.32	Volunteer and contractor training
	<p data-bbox="252 168 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 282">Auditor Discussion</p> <p data-bbox="252 324 1414 618">115.32 D1-8.13 Offender Sexual Abuse and covers all part-time employees, volunteers, contract staff members, vendors, and that each will receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training. Vending contractors will be escorted by a staff member at all times or will receive PREA training prior to entering the facility. In a memorandum provided, dated August 8, 2014, it reads, "With the exception of Medical and Mental Health staff, all outside contractors are escorted by Custody Staff when inside the institution."</p> <p data-bbox="252 667 1474 960">The Volunteers in Corrections Lesson Plan and Volunteers in Corrections Refresher materials provided each covers the responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. In addition brochures for Volunteers/Contractors are provided defining offender-offender sexual abuse, staff sexual misconduct, staff-offender sexual abuse and harassment, red flags of sexual abuse, reporting and zero-tolerance. This material is provided to volunteers who are not escorted by custody staff.</p> <p data-bbox="252 1010 1457 1303">Outside of continuously escorted volunteers, three contractors who had contact with inmates were interviewed. These were solely medical practitioners and employees of the medical services provider. These staff indicated that the training they received was the same as the training received by non-medical personnel. In addition, they received annual refresher training through their contract provider. The training included agency policy and their responsibilities to report, and the agency zero-tolerance policy on sexual abuse and harassment.</p> <p data-bbox="252 1352 1477 1601">Eight random file checks for contractors and volunteers support that they were receiving the training and understood the training they received. Training certificates were received for the random contract/volunteer staff as well as signed Missouri DOC forms 931-4655 Prison Rape Elimination Act (PREA) Annual Training Acknowledgement, showing that staff received and understood the training and their obligation to report all forms of offender sexual abuse and/or sexual harassment.</p> <p data-bbox="252 1650 1469 1776">Based upon the evidence discussed: review of policies, lesson plans, random and specialized staff interviews, observations and documentation obtained onsite, the facility has demonstrated compliance with this standard.</p>

115.33	Inmate education
	<p data-bbox="252 168 896 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 1437 488">115.33 D1-8.13 Offender Sexual Abuse and Harassment supports the requirement that the department will provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled.</p> <p data-bbox="252 539 1477 703">Information is provided in brochures, in English, Chinese, Japanese, Russian, Serbo-Croatian, Spanish and Vietnamese. There is a video National Institute of Corrections (NIC) Speaking Up that has been transcribed for the male and female population. A Braille brochure and large print brochure are available for review, as well.</p> <p data-bbox="252 754 1469 1088">Two Intake staff were interviewed. These staff, as well as other staff at the facility, indicated that it has been years since they had an offender who was not sufficiently proficient in English to provide information on PREA. When the offenders arrive, the education is provided within 24 hours and an assessment is completed. The education is provided in the form of offender brochures and through the use of a video that is played several times a day on the offender television channel for the entire facility population to view. Every inmate that is transferred to the facility (not an intake facility) is provided with the educational materials. The education is supported further by the use of posters in housing, education, work and programming areas.</p> <p data-bbox="252 1140 1474 1429">Ten random Inmates interviewed on the same subject indicated that they did receive information at their arrival on the facility's rules against sexual abuse and harassment, with most recalling it was the same day as their arrival. JCCC only receives new offenders on two days of the week. Offenders who were housed at the facility for longer periods of time support that the information is provided through posters and television programming on a regular basis. They were all able to state they had the right to be free from sexual abuse/harassment, the methods to report sexual abuse / harassment and freedom from retaliation.</p> <p data-bbox="252 1480 1453 1731">Twenty random file checks for offenders housed at the facility support that each offender received PREA education and that the education includes their right to be free from sexual abuse and harassment and their right to be free from retaliation for reporting such incidents. Signed copies of the Missouri DOC form 931-4805 Offender Sexual Abuse Harassment and Acknowledgement were provided. These forms were dated within 24 hours of the offender's arrival at the facility.</p> <p data-bbox="252 1783 1481 1901">Based upon the evidence discussed: review of policies, offender educational brochures, video, specialized staff/offender interviews, observations and documentation obtained onsite, the facility has demonstrated compliance with this standard.</p>

115.34	Specialized training: Investigations
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1474 573">115.34 (a) D1-8.13 Offender Sexual Abuse and Harassment, provides that all new investigators and administrative inquiry officers (AIOs) or designees assigned to investigate offender sexual abuse allegations will receive specialized PREA training. Along with the policy, a listing of Investigators who completed training in 2012 and 2014 were provided. In the Lesson Plan for PREA Specialized Investigator Training Module 2, State Laws and Departmental Policies, the distinctions between Miranda and Garrity are described as follows:</p> <p data-bbox="252 622 1474 831">MIRANDA - RULE OF LAW: "Upon "custodial interrogation", one is entitled to the following measure as a rule of law: An admonishment that the arrestee has (1) the right to remain silent and that anything he says may be used against him in a court of law, and (2) the right to the presence of an attorney and if he cannot afford counsel, one will be appointed for him prior to questioning if he so desires."</p> <p data-bbox="252 880 1474 1133">GARRITY - SYNOPSIS OF RULE OF LAW: "[T]he protection of the individual under the Fourteenth Amendment against coerced statements prohibits use in subsequent criminal proceedings of statements obtained under threat of removal from office, and that it extends to all, whether they are policemen or other members of our body politic." It later adds that, "The court found that states have the right to compel such statements as a condition of employment, but such statements cannot be used against officers in criminal prosecutions."</p> <p data-bbox="252 1182 1461 1686">When interviewed, the differences in skill level of the one criminal investigator and two administrative investigators (one was assigned as an assistant) is apparent, as the criminal investigator received more education and was clearly able to describe techniques for interviewing sexual abuse victims, the use of Miranda and Garrity warnings, how to collect evidence in the confinement setting and the criteria for substantiation of a case. If a case appears to be criminal in nature, the administrative investigator would cease and the case would be handled by the criminal investigator. The administrative investigators lacked the knowledge of the criminal investigator and one was unable to describe the preponderance of evidence standard. Of note, none of the investigators are responsible for making the final determination on the investigation. Once the report is completed, it is forwarded to the facility Warden. The Warden makes the determination as to whether the case is substantiated, unsubstantiated or unfounded.</p> <p data-bbox="252 1736 1386 1816">It is recommended that the administrative investigator, and those assigned to assist the administrative investigator, receive more comprehensive training.</p> <p data-bbox="252 1865 1425 1989">Based upon the evidence discussed: review of policies, lesson plans, specialized staff interviews, observations and documentation obtained onsite, the facility has demonstrated compliance with this standard.</p>

115.35	Specialized training: Medical and mental health care
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1469 663">115.35 (a) D1-8.13 Offender Sexual Abuse and Harassment outlines the requirement for medical and mental health staff members will receive annual specialized PREA training. In furtherance of this, the PREA Specialized Medical and Mental Health Staff Lesson Plan was provided for review. This training covered the following areas: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and, how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p data-bbox="252 707 1461 920">The three Medical and Mental health staff interviewed confirmed that they receive additional training in the following areas: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and, how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p data-bbox="252 965 1461 1346">The facility has a SANE who is currently certified. She was one of three SANE who work on a rotating call schedule. A copy of Corizon's SANE Credential Log was provided listing names and the states of qualification: online, clinical, photography and yearly competency. Included was a Skills Competency Sheet (Sexual Assault Nurse Examiner) for the first person on the competency list. The dates on the credential log matched the certificate. The last item included was a curriculum overview of Six Courses for the Adult SANE: Building a Sexual Assault Response Team (SART), Preparation and Refresher, Sexual Assault Evidentiary Exam, SART Member Interviews, SART Meeting Kearney NE, Break the Silence – Sexual Assault and the SART Solution.</p> <p data-bbox="252 1391 1453 1514">A random sampling of twenty PREA Refresher Training Certificates for 2014 and 2016 were provided supporting that medical staff also received the same training that non-medical staff received.</p> <p data-bbox="252 1559 1437 1682">Based upon the evidence discussed: review of policies, specialized staff interviews, observations and documentation obtained onsite, the facility has demonstrated compliance with this standard.</p>

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.41 Policies D1-8.13 Offender Sexual Abuse and Harassment and IS5-2.3 Internal Classification were reviewed pursuant to this section to support the usage of a standardized assessment screening tool for the risk of being sexually abused and the risk of being sexually abusive within 72 hours of arrival and reassessed within 30 days of arrival.</p> <p>PREA Screening for vulnerability is conducted using the Adult Internal Risk Assessment for the following: (1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability."</p> <p>All of the above criteria with the exception of ten (10) "Whether the inmate is detained solely for civil immigration purposes" could be located in the screening instrument. In D1-8.13 Offender Sexual Abuse and Harassment, Section III-A5, page 5, it reads, "The department does not detain offenders solely for civil immigration purposes."</p> <p>PREA Screening for abusiveness is conducted using the Adult Internal Risk Assessment. This form was checked against the three (3) criteria for an objective screening instrument: prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. Each of the items listed in the criteria were found in the assessment screening instrument.</p> <p>The PREA Compliance Manager indicated that custody staff do not have access to view the screenings. During the tour, the auditor observed that Classification staff are assigned to each housing unit. Files are maintained for each offender in the back section of the Unit Team Office. This area is limited to Classification staff.</p> <p>Two staff who perform screening for risk of victimization and abusiveness were interviewed. These staff concur that the screenings are conducted with all transfers into the facility and that the assessment occurs within 72 hours, adding that it is normally accomplished within 24 hours of arrival. The assessment tool considers each of the factors listed in the standard. This tool is completed on the computer and a score is determined based upon the inmate's response. The scoring results in categories of Alpha, Kappa and Sigma (most abusiveness to most likely to be victimized). All offenders are identified as one of the three. The staff support that a reassessment occurs within 30 days and when the offender was placed on administrative segregation unit for a period exceeding 90 days. They also indicated that a screening would be conducted based on an incident/event, as well.</p> <p>D1-8.13 Offender Sexual Abuse and Harassment, Section III-C1, page 9, reads, "The offender</p>

will not be disciplined for refusing to answer or not disclosing complete information during the assessment.” The two staff interviewed who perform screenings concur that no offender is subject to disciplinary action for refusing to answer questions during the assessment.

Of the ten random inmates interviewed, nine were able to recall receiving the assessment. One inmate was able to recall the initial assessment, as well. Most recalled the follow-up assessment that took place several weeks after their arrival.

Random checks of twenty offender files support that they were assessed using the above instrument within 72 hours of their arrival and the reassessments occurred within 30 days were conducted utilizing the above instrument. These random checks of the offender files support that assessments could be made for other reasons, such as segregation exceeding 90 days and event-based occurrences.

Based upon the evidence discussed: review of policies, random and specialized staff/offender interviews, observations and documentation obtained onsite, the facility has demonstrated compliance with this standard.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.42 Policies D1-8.13 Offender Sexual Abuse and Harassment, IS18-1.1 Required Activities, IS5-2.3 Offender Internal Classification, IS5-3.1 Offender Housing concern decisions regarding housing, cell, bed, education, and programming assignments for offenders at high risk of being sexually victimized away from those at high risk of being sexually abusive. These policies also cover housing and program assignments for transgender or intersex offenders. Included with these policies are the requirements to consider on a case-by-case basis the impact on the offender's placement regarding their health, safety and the impact on management and security. Reviews of the inmates are conducted by the Transgender committee reporting back to the PREA Coordinator. These reviews occur twice a year. This procedure includes a review of threats to safety experienced by the offender and allows transgender or intersex inmates' views with respect to their own safety to be considered.</p> <p>Information on transgender offenders housing, programming was provided with five (5) reviews by the facility transgender committee. No information on offenders housing, programming, work and education decisions for at-risk offenders who are not transgender was provided prior to the audit.</p> <p>In a review of the housing report for the facility and during the onsite tour of the facility, inmates who identified as transgender were found on multiple housing units, including general population and administrative segregation. There was no wing dedicated to housing transgender offenders at the facility. When interviewed, no offender indicated that they were placed on any housing unit solely dedicated to housing transgender offenders.</p> <p>The four staff interviewed on this subject indicate that they utilize the Adult Internal Risk Assessment tool to generate a score identifying the offender as Alpha, Kappa or Sigma. Offenders identified as Alpha may be housed with those identified as Kappa. Offenders identified as Sigma may be housed with offenders identified as Kappa. Offenders identified as Alpha and Sigma may not be housed together. Offenders bearing all three designations could be found on every housing unit at the facility. The random check of twenty offenders and their housing was compared to the assessment tool and found that the facility was placing offenders in housing in accordance with the scoring identification generated from the assessment tool.</p> <p>Information on transgender offenders housing, programming was provided with five (5) reviews by the facility transgender committee. The transgender housing committee conducts the review of the offender housing status and forwards their recommendations to the PREA Coordinator. The PREA Coordinator makes the final review and approval for each housing decision. The random checks of four transgender offender files supports that the committee reviews the housing for the offenders twice a year, giving consideration to the offender's own views of their safety in compliance with the policy described above and as addressed in the Adult Internal Risk Assessment.</p> <p>JCCC housing units have individual showers. All inmates are able to shower separately from</p>

other offenders. The showers have doors but provide staff with the ability to view the occupants head and feet.

Based upon the evidence discussed: review of policies, random and specialized staff/offender interviews, observations and documentation obtained onsite, the facility has demonstrated compliance with this standard.

115.43	Protective Custody
	<p data-bbox="252 168 896 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 1449 488">115.43 Policies D1-8.13 Offender Sexual Abuse and Harassment, JCCC PREA Coordinated Response Protocol and Involuntary Segregated Housing for Protective Custody concern the placement of offenders who are identified as high risk for sexual victimization on involuntary segregated housing.</p> <p data-bbox="252 539 1481 869">Prior to the audit, information was provided that one offender was placed in involuntary segregation (10-15-16) as the recipient of notes seeking sexual acts. The offender was described as small in stature and having low education scores and at increased risk of sexual victimization and the other offender involved being housed on the same wing. The offender expressed his desire not to be on protective custody. At the time of the placement, the offender was facing 3 conduct reports and had 8 for the prior year. Within three weeks (11-3-16), the offender was placed on administrative segregation based on his conduct history at the facility.</p> <p data-bbox="252 920 1481 1256">The two staff interviewed who supervise inmates in segregated housing indicated that programs can be limited based upon the type of segregation. The administrative segregation and disciplinary segregation are staggered. An offender could serve two weeks of disciplinary segregation, followed by one week of administrative segregation and back to two weeks of disciplinary segregation time. Some of the housing units offer socialization programs designed to help the offender return to general population, the programs include anger management and General Education Diploma (GED) programs. The housing on the unit is generally single-celled housing called TASC (Temporary Ad Seg Confinement).</p> <p data-bbox="252 1308 1481 1599">Some of the ten random staff indicated that offenders who alleged sexual abuse would be placed on the unit until the investigation could be completed. When an offender is housed on the segregated housing unit, the facility maintains individual confinement records and computerized tracking programs to document daily activities for the offender, to include: meals, showers, suicide watches and any special security orders that may be applicable to the offender. The offenders are reviewed every 30 days while on the unit, regardless of the initial reason for placement on the unit.</p> <p data-bbox="252 1650 1441 1771">While onsite, it was found that the facility had two occurrences where an offender had been placed on involuntary segregation. When it was found, ten days after it occurred, the facility made immediate adjustments and took corrective action to move the offender.</p> <p data-bbox="252 1823 1476 1989">No offenders were housed on involuntary segregation for a period exceeding 30 days at JCCC. The warden confirms that offenders at high risk of sexual victimization or abuse are only placed on the unit as a last resort and that a committee meets to recommend housing for offenders within 5 days of the initiation of the investigation.</p> <p data-bbox="252 2040 1453 2154">The information provided by staff interviews prompted further file reviews. In addition to the twenty random file reviews, additional documentation received included Missouri DOC forms 931-4691 for PREA Allegation Notification Penetration/Non-Penetration Event Checklists</p>

comparing it with the ten random investigations reviewed. These support that the offender victims were routinely placed back on the assigned housing unit and not moved.

Based upon the evidence discussed: review of policies, random and specialized staff/offender interviews, observations and documentation obtained onsite, the facility has demonstrated compliance with this standard.

115.51	Inmate reporting
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1484 618">115.51 D1-8.13 Offender Sexual Abuse and Harassment and the MDOC Offender PREA Brochure, under Reporting Sexual Abuse lists multiple ways to report allegations of offender sexual abuse, harassment, or retaliation which include: calling the department's confidential PREA hotline, writing to the Missouri Department of Public Safety, Crime Victims Services Unit, reporting directly to staff and using the offender grievance system. The information is also posted on the MDOC website. The department does not detain offenders solely for civil immigration purposes.</p> <p data-bbox="252 667 1484 831">Calls were subject to monitoring and recording, including the hotline. This was made known on the informational poster. On the site visit the auditor observed posters located in multiple locations throughout the facility. Twenty random Offender and staff interviews support that the posters have been in place for an extended length of time.</p> <p data-bbox="252 880 1484 1171">The Memorandum of Understanding between the Missouri Department of Correction and Missouri Department of Public Safety outlines the "means for offenders to report sexual abuse and harassment to a public or private entity that is not a part of the DOC, that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to DOC officials, allowing the offender to remain anonymous upon request." All offender mail addressed to the Crimes Victims Services Unit will be treated as confidential mail and not subject to examination.</p> <p data-bbox="252 1220 1484 1473">The PREA Compliance Manager, and 20 random staff and offenders housed at the facility were able to describe the multiple methods for reporting, citing the presence of posters throughout the facility. Most inmates interviewed expressed that they would report directly to a staff person with whom they were comfortable approaching. Some would tell a family member and have them make the report on their behalf. Offenders and staff were aware that reports could be made anonymously by using hotlines or writing to the Department of Public Safety.</p> <p data-bbox="252 1523 1484 1776">In addition to the above, the Staff Tips Hotline brochure and the Lessons Plan for Employee Training were reviewed detailing how to report and that the reports can be made anonymously through the office of the Inspector General. Staff members confirmed that they could make reports privately by reporting directly to the investigators or supervisory staff. Staff also indicated that they would document these reports, as required, and that the documentation would be immediate.</p> <p data-bbox="252 1825 1484 1989">The auditor placed a call to the hotline during the onsite visit with instructions to call back. A follow-up call was not received. However, interviews with staff and offenders at the facility confirm that the are able to utilize the hotline to make reports of sexual abuse and that no one, to their knowledge, had ever experienced difficulty making a report using the hotline.</p> <p data-bbox="252 2038 1484 2154">Based upon the evidence discussed: review of policies, brochures, lesson plans, random and specialized staff/offender interviews, observations and documentation obtained onsite, the facility has demonstrated compliance with this standard.</p>



115.52	Exhaustion of administrative remedies
	<p data-bbox="252 168 896 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 1465 705">115.52 D5-3.2 Offender Grievances is the administrative procedure for dealing with inmate grievances regarding sexual abuse. The policy covers the criteria as follows: (1) The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired.</p> <p data-bbox="252 750 1465 1041">This policy does not require an offender to utilize the grievance process or otherwise attempt to resolve with staff any alleged incident of sexual abuse. Furthermore it states that the staff member who is the subject of the complaint shall not be the respondent. The policy allows for third parties, offenders, staff, family members, attorneys and outside advocates to assist offender in filing informal resolution requests, grievances or appeals relating to allegations of sexual abuse. The offender can decline to have the request filed on their behalf. The policy requires the declination to be documented.</p> <p data-bbox="252 1086 1465 1299">The time frame for deciding the merits of the grievance alleging sexual abuse is within 90 days of filing. The policy does not separate the allegation of sexual abuse from portions of the grievance where sexual abuse is not alleged. The policy addresses the filing of emergency grievances where the inmate is at substantial risk of immediate sexual abuse, requiring an initial response within 48 hours and final decision within 5 days.</p> <p data-bbox="252 1344 1465 1467">In the offender PREA brochure provided during the offender education, it reads, "It is also important that offenders do not make false, misleading or unfounded reports in bad faith. There may be serious disciplinary consequences for doing so."</p> <p data-bbox="252 1512 1465 1814">The PREA Coordinator reports that in the last 12 months, there have been 4 grievances filed alleging sexual abuse, no grievances alleging sexual abuse filed by inmates where they declined third-party assistance, zero emergency grievances filed in the past 12 months, and no resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith. None of those offenders were available for interview. No offender reported a sexual abuse during the prior 12 month period that extended beyond the 90-day time frame.</p> <p data-bbox="252 1859 1465 1937">Based upon the evidence discussed above, the facility has demonstrated compliance with this standard.</p>

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.53 D1-8.13 Offender Sexual Abuse and Harassment concerns the provision of outside emotional support services. The information is available through mail, phone and the level of confidentiality provided. The facility does not house offenders detained solely for immigration purposes.</p> <p>Posters related to Advocacy Services are provided on all housing units and throughout the facility, which list contact information for Just Detention International, 3325 Wilshire Blvd., Suite 340, Los Angeles, CA 90010 213-384-1400 with instructions to utilize the offender telephone system to call this number. The other contact listed is for the Rape, Abuse and Incest National Network (RAINN) 1220 L Street NW, Suite 505, Washington, DC 20005 with instructions to dial 7246 on the offender telephone system at no charge. In order to make a confidential report, the report must be sent to the Department of Public Safety. The extent to which the communication is confidential is provided to the offenders on the bottom of the posters. Offenders are advised "Per department policy, mail will be subject to examination and phone calls may be monitored."</p> <p>The auditor contacted Just Detention International, listed on the advocacy brochure for the facility. The auditor was informed that they receive reports (14) from JCCC, but do not share information with the facility unless the survivor makes a request for such contact. They would share information if they were aware of a serious threat to safety.</p> <p>The auditor contacted Rape, Abuse and Incest National Network (RAINN) listed on the advocacy brochure for the facility. The auditor was informed that RAINN does not offer direct services. They answer the National Sexual Assault Hotline and do not facilitate PREA reporting or file any of those reports on their end. RAINN conducts crisis-intervention on both a telephone hotline as well as online chat. In the case that one of our callers wants to report or get more information on PREA, they refer them to the closest RCC in their area for more specific info from www.centers.rainn.org.</p> <p>Local community-based victim advocacy services are not provided. Email correspondence dated August 19, 2013 to the PREA Coordinator for MDOC from the Executive Director for the Rape & Abuse Crisis Service indicated that the center would not be able to provide services for the DOC, which reads, "We are looking at the SASP (Sexual Assault Service Provider) grant which does not support the work on an advocate for PREA." As this service was not obtained through the community, JCCC utilizes the facility Chaplain as an advocate.</p> <p>The training record for the facility chaplain showing five (5) hours of advocacy training were received on October 23, 2013. The Missouri Coalition Against Domestic and Sexual Violence PowerPoint presentation is included. Covered in the course are the nature and dynamics of sexual violence, terminology, survivor and advocate responses, trauma responses, medical and forensic medical examinations, Sexual Assault Forensic Examiner (SAFE) benefits and drawbacks, the role of the advocate, crisis intervention (how to establish rapport, define problems and concerns) and future plans.</p>

All but two of the ten random offenders interviewed knew of the advocacy/counseling services that were available and how to access these counseling services. The offenders interviewed who indicated an awareness of the counseling services available, knew about the posters and the television broadcast, but were not sure of the notation on the bottom of the posters that mail and phone calls may be monitored.

No offenders were interviewed who had utilized the advocacy services. Just Detention International and RAINN does not provide names of offenders who had utilized their service and none of the offenders who were randomly selected indicated that they had ever used either service.

Based upon the evidence discussed: review of policies, brochures, interviews with offenders and outside agencies, observations and documentation obtained onsite, the facility has demonstrated compliance with this standard.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.54 D1-8.13 Offender Sexual Abuse and Harassment, Section III-F3, page 13, reads, "All allegations including anonymous, third party, verbal, or allegations made in writing will be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure."</p> <p>Third-party reports made by offenders are reported to staff, calling the PREA hotline, or writing to the Department of Public Safety, Crime Victims Unit. The information is detailed in a poster provided. Onsite tour supports that these posters are available throughout the facility for the offenders to view.</p> <p>Third-party reports made by friends, family or anyone outside the facility are made by calling, writing, or emailing with the contact information: PREA Unit Missouri Department of Corrections 2728 Plaza Drive Jefferson City, MO 65109/573-526-9003 DOC.PREA@doc.mo.gov.</p> <p>Methods to report sexual abuse and harassment are made available to the public via the Department's website which is accessed at http://doc.mo.gov/OD/PREA.php. A check of the link returns to the Office of the Deputy Director.</p> <p>The twenty random offenders and staff interviewed during the tour and in-depth were well-versed in the methods available for reporting.</p> <p>Based upon the evidence discussed: review of policies, random staff/offender interviews, observations made onsite, the facility has demonstrated compliance with this standard.</p>

115.61	Staff and agency reporting duties
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1485 696">115.61 D1-8.13 Offender Sexual Abuse and controls the dissemination of sensitive information related to offender sexual abuse. All staff members, volunteers, and contractors will immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members will inform offenders at the initiation of services of the practitioner's duty to report in accordance with statutes.</p> <p data-bbox="252 752 1453 875">IS11-32 Receiving Intake Screening Unit addresses the reporting requirements for offenders under the age of 18, requiring staff to report the allegation to the designated local Children's Division, Department of Social Services under applicable mandatory reporting laws.</p> <p data-bbox="252 931 1477 1133">The auditor researched the relevant statutes referenced in the policy. Missouri Revised Statutes, Chapter 217, Department of Corrections, Section 217.410, Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.005.1 and Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.163.1, regarding mandatory reporting requirements.</p> <p data-bbox="252 1189 1469 1346">The PREA Coordinator indicated that JCCC does not house juvenile offenders, citing a notification to Social Services if it was required. The Warden and PREA Coordinator responded that all allegations of sexual abuse and sexual harassment are reported directly to the designated facility investigators.</p> <p data-bbox="252 1402 1485 1559">Three Medical and Mental Health Staff were asked about the limitations of confidentiality and their duty to report and were able to describe both. The offenders fill out a form and sign it and staff have a responsibility to report the allegations and stating that they have made such a report in the past.</p> <p data-bbox="252 1615 1430 1816">All of the ten random staff interviewed acknowledged their responsibility for reporting, but varied in the responses. Some would report directly to someone higher, their sergeant, immediate supervisor or shift supervisor with most indicating that they would report to their immediate supervisor. All staff interviewed would take immediate action when receiving a report of sexual abuse or sexual harassment.</p> <p data-bbox="252 1872 1422 1984">The PREA Allegation Notification Penetration/Non-Penetration Event Checklists for the ten random investigations reviewed onsite confirm that staff act immediately when receiving reports of sexual abuse or sexual harassment and report these to their Shift Supervisor.</p> <p data-bbox="252 2040 1422 2152">Based upon the evidence discussed: review of policies, random and specialized staff interviews, observations and documentation obtained onsite, the facility has demonstrated compliance with this standard.</p>



115.62	Agency protection duties
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1458 618">115.62 D1-8.13 Offender Sexual Abuse and Harassment and the JCCC Coordinated Response Protocol and Involuntary Segregated Housing for Protective Custody address this section outlining the following least restrictive options for offenders at substantial risk of victimization: (1) return to assigned housing; (2) temporary reassignment of staff members; (3) assignment to another housing unit; and (4) temporary segregated housing for protective custody needs. "Segregated housing should not be considered as the first option to ensure safety of the victim."</p> <p data-bbox="252 669 1474 960">Prior to the audit, information provided was that one offender was placed in involuntary segregation (10-15-16) as the recipient of notes seeking sexual acts. The offender was described as small in stature and having low education scores and at increased risk of sexual victimization. The offender expressed his desire not to be on protective custody. At the time of the placement, the offender was facing 3 conduct reports and had 8 for the prior year. Within three weeks (11-3-16), the offender was placed on administrative segregation based on his conduct history at the facility.</p> <p data-bbox="252 1012 1458 1169">While onsite, it was the facility advised that they had two occurrences where an offender had been placed on involuntary segregation. When the second occurrence was found, ten days after it occurred, the facility made immediate adjustments and took corrective action to move the offender.</p> <p data-bbox="252 1220 1474 1377">No offenders were housed on involuntary segregation for a period exceeding 30 days at JCCC. The warden confirms that offenders at high risk of sexual victimization or abuse are only placed on the unit as a last resort and that a committee meets to recommend housing for offenders within 5 days of the initiation of the investigation.</p> <p data-bbox="252 1429 1458 1597">The Agency Head Designee indicated that the onsite coordinator (PREA Compliance Manager) would take care of it according to policy, when they learn of an inmate that is subject to a substantial risk of imminent sexual abuse. The Warden indicated that they would immediately separate the offender from the at-risk situation.</p> <p data-bbox="252 1648 1482 1805">All ten random staff interviewed on the subject indicated that they would take immediate action to remove the offender from the risky situation and would notify the chain of command. Most all staff interviewed indicated that they would notify the Shift Supervisor in this instance. Many cited the offender's safety as the priority in these circumstances.</p> <p data-bbox="252 1856 1482 2024">Additional documentation received included Missouri DOC forms 931-4691 for PREA Allegation Notification Penetration/Non-Penetration Event Checklists for the ten random investigations reviewed. These support that the offender victims were routinely placed back on the assigned housing unit and not moved.</p> <p data-bbox="252 2076 1426 2157">Based upon the evidence discussed: review of policies, random and specialized staff interviews, observations and documentation obtained onsite, the facility has demonstrated</p>

compliance with this standard.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.63 D1-8.13 Offender Sexual Abuse and Harassment covers the notification requirements for facilities who receive notifications of sexual abuse at their facility and when the abuse occurred at another facility. The notifications are made within 72 hours after the allegations are received and the agency documents that the notifications are made using a Notification Checklist. If the alleged abuse occurred at a facility outside the department, the notification checklist is forwarded to the department's PREA coordinator.</p> <p>JCCC reported that over the past 12 months, two reports were received from inmates of assaults that occurred at another facility. Both allegations were referred to the other facilities Potosi Correctional Center (PCC) and WECC within 72 hours. Notifications were made used a standardized format PREA Allegation Notification Checklist – Institution, form 931-4691. The warden of the facility making the notification was listed on the checklist for notifications. Notifications to the agency PREA Coordinator were made. The wardens at PCC and WECC are not listed and the facility notifications to PCC and WECC were noted by hand on the forms.</p> <p>JCCC reported that over the past 12 months, one report was received from inmates housed at other facilities of assaults that occurred at the facility. The referral of the allegation was made from the Farmington Correctional center using a standardized format PREA Allegation Notification Checklist – Institution, form 931-4691. Attached with the notification was a Request for Investigation 931-4151. The forms shows the investigation was initiated and assigned case number 2016040059.</p> <p>The Agency Head indicated that all allegations are handled by the investigators with the Deputy Warden (PREA Compliance Manager) being the point of contact at each facility. The warden indicated that the allegations would be forwarded for investigations. While the interview was being conducted, the warden received such a notification and made the referral for investigation during the interview.</p> <p>Based upon the evidence discussed: review of policies, interview with the warden and other specialized staff, observations and documentation obtained onsite, the facility has demonstrated compliance with this standard.</p>

115.64	Staff first responder duties
	<p data-bbox="252 168 896 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 1476 571">115.64 D1-8.13 Offender Sexual Abuse and Harassment covers the criteria in this standard to include (1) separation of victim and abuser, (2) preservation of crime scene and collection of evidence, (3) ensuring that the victim and suspect not take actions that could destroy physical evidence if it occurred within a time frame that allows for the collection. JCCC follows a time frame of 120 hours. The PREA Allegation Notification Checklist is used to document these actions.</p> <p data-bbox="252 622 1455 828">In the past 12 months, JCCC had 34 allegation of sexual abuse, 11 of those required staff to separate the victim and abuser, Of those allegation, five allowed for the collection of physical evidence, 4 cases where the first responder was security staff and was able to preserve and protect the scene and where the victim and abuser were advised not to take actions that would destroy evidence.</p> <p data-bbox="252 880 1481 1299">The PREA Coordinator and Compliance Manager for JCCC indicated that all staff are considered to be First Responders. Staff interviewed were able to describe each of the actions listed in their policy and consistent with this standard. They described actions that would be taken as they related to the scene, victim and perpetrator of sexual abuse. It should be noted that each person indicated that they would separate the victim and abuser, but would not likely take part in actual evidence collection, as that would be handled by the SANE and investigative staff. As noted previously, most staff would make notification to their immediate supervisor, or through their chain-of-command. Several identified the Shift Supervisor as the person to whom they would make the report. All expressed the need for confidentiality and the limitation of sharing information with those that did not need to know.</p> <p data-bbox="252 1350 1455 1556">Staff who have acted as First Responders addressed each step taken to ensure a proper response: Ensure the safety of the victim. Request the victim and perpetrator not to take any actions that may destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable and to notify the Shift Supervisor and Mental/Medical Health personnel immediately.</p> <p data-bbox="252 1608 1436 1769">Additional documentation reviewed onsite included the notification checklists for the allegations that allowed the collection of physical evidence in conjunction with ten randomly selected investigative file reviews. The forms reviewed support that the efforts to preserve evidence.</p> <p data-bbox="252 1821 1423 1944">Based upon the evidence discussed: review of policies, random and specialized staff interviews, observations and documentation obtained onsite, the facility has demonstrated compliance with this standard.</p>

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.65 Jefferson City Correctional Center Coordinated Response to Sexual Abuse is the institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. In the introduction section of the plan, it reads, “The following offender sexual abuse protocol coordinates actions taken by staff first responders, medical and mental health practitioners, investigators, advocates and facility leadership. The PREA Allegation Notification Checklist has been developed to ensure appropriate notifications are made in a timely and consistent manner.”</p> <p>The Warden indicated that they have a plan and was able to describe the implementation of the plan by using examples and their own paperwork. The ten random staff interviews and PREA Allegation Notification Checklists reviewed by the auditor support that these actions are occurring as outlined by the plan.</p> <p>Based upon the evidence discussed above and documentation obtained onsite, the facility has demonstrated compliance with this standard.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.66 D2-11.6 Labor Organizations and the Labor Agreement Between the State of Missouri Office of Administration – The Department of Corrections Division of Adult Institutions and Missouri Corrections Officers Association (MOCOA) Corrections Officers I and II Bargaining Unit covering 10/1/2014 to 9/30/2018 supports that the agency is not limited in its ability to remove the alleged staff sexual abuser from contact with any inmates pending the outcome of the investigation. The agreement does not restrict the conduct of the disciplinary process and whether a “no-contact” assignment imposed during the investigation is expunged from or retained in the staff member’s personnel file.</p> <p>The Agency Head Designee stated that they are part of a collective bargaining agreement and that they are able to assign and move staff. The facility does allow for bid posts but this does not impact on the ability to remove staff from inmate contact pending an investigation. The random PREA allegation notification checklists reviewed during the audit support that the offender remains in the housing unit and staff are moved, as warranted.</p> <p>Based upon the evidence discussed: review of the labor agreement, interview with the Warden, documentation obtained onsite, the facility has demonstrated compliance with this standard.</p>

115.67	Agency protection against retaliation
	<p data-bbox="252 168 896 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 1428 488">115.67 D1-8.13 Offender Sexual Abuse and Harassment is the policy that addresses this standard to ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation. The agency's obligation to monitor is terminated if the allegation is unfounded.</p> <p data-bbox="252 539 1455 828">MDOC Assessment/Retaliation Status Checklist 931-4689, requires initial face-to-face status checks on all victims, reporters and witnesses following allegations of offender sexual abuse and/or harassment. Face-to-face checks are required at a minimum of every 30 days thereafter until the 90 day mark is reached. The checks include monitoring of conduct violations, housing assignments, program changes and need for emotional services for victims. For staff the checks include, performance reviews, member reassignments, and the need for emotional services.</p> <p data-bbox="252 880 1481 1086">The Agency Head designee indicated that they take actions to monitor and separate the offenders to protect them from retaliation for sexual abuse/harassment reporting. He indicated that this was under the purview of the Deputy Warden (PREA Compliance Manager) at each facility. When interviewed the Warden at JCCC added that a referral would be made for investigation if retaliation is found.</p> <p data-bbox="252 1137 1460 1429">At JCCC the Deputy Warden designates the responsibility to Classification staff at the Units. These staff monitor offenders who are housed within their housing unit. Once an offender is moved to a different housing unit, a new person would initiate monitoring on their end. Ways that staff indicate they monitor an offender included talking with the offender, being available to the offender and ensuring that these contacts occur at least every 30 – 60 and 90 days. One person was able to meet with her offenders daily. They indicated that monitoring could continue if needed. They cite no instances where monitoring was continued beyond 90 days.</p> <p data-bbox="252 1480 1433 1601">No offenders were currently at the facility segregated housing based upon a risk of sexual abuse. The offender who made the report (from 2010) had not been placed on involuntary protective custody.</p> <p data-bbox="252 1653 1455 1899">All of the monitoring forms reviewed showed that conduct violations, housing assignments, program changes and the need for emotional services were to be addressed in compliance with the standard. Staff persons routinely made notations on the document in this section. However, the design of the form does not clearly address if staff are actually reviewing those areas. A suggestion to improve the form would be to include a check box after each area, in addition to the notations in each area.</p> <p data-bbox="252 1951 1428 2072">Based upon the evidence discussed: review of policies, random and specialized staff interviews, observations and documentation obtained onsite, the facility has demonstrated compliance with this standard.</p>

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.68 D1-8.13 Offender Sexual Abuse and Harassment, PREA Coordinated Response Protocol and Involuntary Segregated Housing for Protective Custody address involuntary segregated housing to ensure that all available housing alternatives are made as required in § 115.43.</p> <p>In the pre-audit the facility indicated that one offender was placed in involuntary segregation (10-15-16) as the recipient of notes seeking sexual acts. The offender was described as small in stature and having low education scores and at increased risk of sexual victimization. The offender expressed his desire not to be on protective custody. At the time of the placement, the offender was facing 3 conduct reports and had 8 for the prior year. Less than 30 days later (11-3-16), the offender was placed on administrative segregation based on his conduct history at the facility.</p> <p>While onsite, the facility staff indicated that they two occurrences where an offender had been placed on involuntary segregation. When the second instance was found, ten days after it occurred, the facility made immediate adjustments and took corrective action to move the offender. No offenders were currently assigned to facility segregated housing based upon a risk of sexual abuse.</p> <p>No offenders were housed on involuntary segregation for a period exceeding 30 days at JCCC. The warden confirms that offenders at high risk of sexual victimization or abuse are only placed on the unit as a last resort and that a committee meets to recommend housing for offenders within 5 days of the initiation of the investigation.</p> <p>Staff who supervise inmates in segregated housing indicate that programs can be limited based upon the type of segregation a person is placed on. The administrative segregation and disciplinary segregation are staggered. An offender could serve two weeks of disciplinary segregation, followed by one week of administrative segregation and back to two weeks of disciplinary segregation time. Some of the housing units offer socialization programs designed to help the offender return to general population, the programs include anger management and GED programs. The housing on the unit is generally single-celled housing called TASC (Temporary Ad Seg Confinement). Some staff indicated that offenders who alleged sexual abuse would be placed on the unit until the investigation could be completed. When an offender is housed on the segregated housing unit, the facility maintains individual confinement records and computerized tracking programs to document daily activities for the offender, to include: meals, showers, suicide watches and any special security orders that may be applicable to the offender. The offenders are reviewed every 30 days while on the unit, regardless of the initial reason for placement on the unit.</p> <p>Additional documentation reviewed onsite included Missouri DOC forms 931-4691 for PREA Allegation Notification Penetration/Non-Penetration Event Checklists for the random investigations reviewed. These support that the offender victims were routinely placed back on the assigned housing unit and not moved.</p>

Based upon the evidence discussed: review of policies, random and specialized staff interviews, observations and documentation obtained onsite, the facility has demonstrated compliance with this standard.

115.71	Criminal and administrative agency investigations
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1469 528">115.71 (a) D1-8.4 Administrative Inquiries is the administrative policy related to administrative agency investigations. D1-1.1 Investigations is the administrative policy related to criminal investigations. Together these policies address the investigative requirement to be prompt, thorough and objective. The policies addresses each section of this standard with the exception of §§115.71 (d) (k) and (l). §§115.71 (k) and (l) are not applicable to JCCC.</p> <p data-bbox="252 584 1474 786">In a memorandum attached to this section as part of the Pre-Audit Questionnaire, it reads, “The MDOC conducts all offender sexual abuse and harassment investigations. All allegations that appear to be criminal are investigated by the Office of the Inspector General. Sexual harassment investigations as well as investigation regarding pat searches are investigated by the facility’s Administrative Inquiry Officer (AIO) who reports to the warden.”</p> <p data-bbox="252 842 1481 1256">115.71 (b)(c) The Lesson Plan for PREA Specialized Investigator Training, Module 4, Investigating Allegations of Sexual Abuse, In this module the investigator is advised that they, “ must look at all of the potential evidence to be collected from various sources, including: the victim’s body and clothing, the suspect’s clothing, and the location where the assault took place, and any additional locations where transfer evidence might be found.” The module continues with information on gathering of direct and circumstantial evidence, electronic monitoring data, interviews of victims and suspected perpetrators, and witnesses, a review of prior complaints and reports of sexual abuse involving the suspected perpetrator. It includes testimonial evidence, credibility assessments, the need to corroborate information received and the criteria to substantiate administrative and criminal investigations.</p> <p data-bbox="252 1312 1474 1384">Lists of Investigators who completed training in 2012 and 2014 were provided. The criminal and administrative investigators assigned to the facility had completed the specialized training.</p> <p data-bbox="252 1440 1474 1686">The three staff who conduct either criminal and administrative investigations were interviewed. All staff indicated immediate initiation of an investigation. The investigative process was similar with both the administrative and criminal investigators talking with the victim, perpetrator and determining the basis for the allegation. They would obtain written statements, identify witnesses and gather evidence. All indicated that the third-party reports are handled the same as other reports of sexual abuse/harassment.</p> <p data-bbox="252 1742 1469 1904">From the list of investigations (45 administrative and 21 criminal), a random sampling of ten investigations was obtained. Each shows that investigators were clearly documenting their investigative work and all evidence relied upon during the investigation, to include testimonial, documentary and other types and that the investigations were being immediately initiated.</p> <p data-bbox="252 1960 1481 2157">115.71 (d) The two administrative investigators do not make referrals for prosecution. They indicated if a case appeared to be criminal, they would cease and forward it to the criminal investigator. The criminal investigator indicated that he would make a referral if the case was clearly criminal. None of the staff interviewed were familiar with the term “compelled interview”. The criminal investigator had not heard of the term but related that he did not consult with the</p>

prosecutor at any time during the investigative process and only when a referral was being made. He added that if no progress was being made in a criminal investigation that he would conduct the administrative interview knowing that no prosecution would be obtainable.

The question of compelled interviews was raised during the onsite visit. The PREA Coordinator produced an email from the Inspector General which read, "Our office only conducts compelled interviews in administrative investigations when an employee is being uncooperative. We do not compel an alleged perpetrator to talk to us in a criminal investigation. We may contact the prosecutor's office during the interview process if there are questions related to interviews or evidence but we do not contact the prosecutor on every case during the investigative process. We do discuss the cases referred to the prosecutor when they are presented for consideration of charges. If the prosecutor asks us to conduct additional investigative work, we will do so."

115.71 (e) All investigators were asked about credibility assessments indicating they "would get additional information", "remain objective...would look at the history" and would do so on a "situational basis" in conjunction with physical evidence obtained. When asked about the use of polygraph or other truth-verification instruments, most indicated that they would not utilize them. The other was not aware of the usage of such instruments in investigations.

None of the selected reports reviewed showed any usage of polygraph or truth-verification devices.

115.71 (f)(g) The three Investigators interviewed on this subject confirmed that all investigations: criminal and administrative are documented in written reports containing the basis for the findings, with physical evidence, interview reports and other evidence reviewed (testimonial and documentary) in the investigation. A random selection of investigations reviewed support this information.

Investigative interviews yielded responses that they would check into the history on the staff and offender for prior investigations, would check to ensure that staff are conducting rounds and would make recommendations to the Superintendent on their findings.

115.71 (h) JCCC provided one (1) case that had been referred for prosecution during that time. It was not accepted for prosecution. No other cases were presented during that time. The criminal investigator confirmed that he would present the case if it were clearly criminal.

Agency Records Disposition Schedule for the Department of Corrections, Section Inspector General shows retention of 25 years for investigative files and 50 years for sexual abuse cases, with the description, "Documentation of investigations of offenders and employees within the Department of Corrections that pertain to sexual abuse. This may include, but is not limited to investigations involving volunteers, interns, contractors and inmates. Records must be maintained per section 115.71 (h)."

115.71 (i) D1-8.13 Offender Sexual Abuse and Harassment, Section III-J7, page 21, reads, "Administrative and criminal investigation reports will be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention."

115.71 (j) Investigators indicated that they would make follow-up notifications, try and catch the person if they submitted a resignation with notice prior to them leaving or attempt to reach them outside the facility if the person already terminated employment. With offenders the same could be done and other investigators could interview them if a facility transfer was involved.

Based upon the evidence discussed: review of policies, specialized staff interviews, observations and documentation obtained onsite, the facility has demonstrated compliance with this standard.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.72 D1-8.13 Offender Sexual Abuse and Harassment, and D1-8.1 Investigations support that investigations will impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated.</p> <p>The facility investigators, both criminal and administrative, do not make the determinations of findings in the cases. The determination is made by the Warden at the facility. The criminal investigator was able to delineate the difference between the “preponderance of evidence” and “beyond a reasonable doubt standards”. The administrative investigators were not familiar with the standard and indicated that the cases get sent to the Warden for review.</p> <p>The Warden was not asked if he could differentiate between the standards. The ten investigations reviewed support that the Warden was able to differentiate between substantiated, unsubstantiated and unfounded and that these determinations were based upon a preponderance of evidence standard. The determinations made were consistent with the material reviewed. It is recommended that the administrative investigators receive some additional training to ensure that all staff are aware of the criteria.</p> <p>Based upon the evidence discussed: review of policies, specialized staff interviews, observations and documentation obtained onsite, the facility has demonstrated compliance with this standard.</p>

115.73	Reporting to inmates
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1414 445">115.73 (a) D1-8.13 Offender Sexual Abuse and Harassment, outlines the responsibility to inform the inmate whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p data-bbox="252 499 1425 573">115.73 (b) is not applicable to JCCC. No outside entity conducted investigations of alleged sexual abuse at the facility in the past 12 months.</p> <p data-bbox="252 627 1433 786">115.73 (c) Involves staff and covers whether the staff person is no longer posted within the inmate's unit, no longer employed at the facility, has been indicted on a charge related to sexual abuse within the facility, or has been convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="252 840 1473 999">Several administrative cases were provided by JCCC. All three relate to allegations of Staff on Inmate Sexual Misconduct. A log showing notifications made was also provided. JCCC wrote in the Pre-Audit Questionnaire, that they had no instances where subsequent notification was required.</p> <p data-bbox="252 1052 1469 1211">Several criminal investigations were provided by JCCC. In case 201600044, the finding is shown as "No statute violation". A check of the log provided shows that the case referenced above was closed as "Unsubstantiated" and that same log shows a notification being made to the offender on 11/15/2016.</p> <p data-bbox="252 1265 1449 1384">115.73 (d) Involves other inmates and covers whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility, or has been convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="252 1438 1449 1597">Notification sheet provided for criminal investigation 20160400059 showing a date of 7-19-2016 (shown in log as 7-19-2016). Notification sheet provided for criminal investigation 2016080028 showing a date of 11-14-2016 (shown in log as 11-14-2016). Both notifications concerned inmate-inmate allegations.</p> <p data-bbox="252 1650 1433 1809">The Warden and Investigators interviewed on this subject were aware of the notification requirement and stated that these notifications were made by facility staff. No inmates who reported sexual abuse were available for interview. However, the offenders who received these notifications signed for them.</p> <p data-bbox="252 1863 1453 2022">From the list of investigations (45 administrative and 21 criminal), a random sampling of ten investigations was obtained, to ensure that all notifications were completed. Additional notifications for the ten randomly selected investigations further support that the notifications are made in compliance with this standard in the manner detailed above.</p> <p data-bbox="252 2076 1425 2150">Based upon the evidence discussed: review of policies, random and specialized staff interviews, observations and documentation obtained onsite, the facility has demonstrated</p>

compliance with this standard.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.76 D1-8.13 Offender Sexual Abuse and Harassment, reads, “Staff members will be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures.” This policy ensures that the disciplinary actions taken are commensurate with the nature and circumstances of the acts committed and that the sanctions were comparable to those given to other staff with similar histories.</p> <p>JCCC reported one staff person had been disciplined in the past 12 months pursuant to this policy and provided the administrative investigation and disciplinary notice regarding the incident. The disciplinary action taken was consistent with the behavior for the person involved. This behavior did not involve sexual abuse and the staff person was not terminated. In reading the report, the allegation was the use of unprofessional language directed at an offender. The staff person received a negative notation in their performance log relative to the incident, noting that further incidents could result in disciplinary action and that their performance will continue to be monitored.</p> <p>JCCC reported no staff who were terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. JCCC also indicated that no staff had been reported to local law enforcement or licensing boards for violation of these same policies.</p> <p>Based upon the evidence discussed: review of policies and the documentation obtained onsite, the facility has demonstrated compliance with this standard.</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.77 D1-8.13 Offender Sexual Abuse and Harassment, covers corrective action for contractors and volunteers who engage in sexual abuse, prohibiting them from contact with offenders and reporting to relevant licensing bodies and law enforcement.”</p> <p>The Warden was clear in his understanding on the requirements to prohibit contact relative to this standard and indicated that they had no occurrences over the past year.</p> <p>Based upon the evidence discussed: review of policies, and specialized staff interview onsite, the facility has demonstrated compliance with this standard.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.78 D1-8.13 Offender Sexual Abuse and Harassment, address disciplinary sanctions for inmates to include: the application of disciplinary sanctions following a formal disciplinary process that such sanctions are commensurate with the nature and circumstances of the abuse committed and sanctions imposed on other offenders with similar histories. It further outlines the offering of therapy and counseling to address and correct the underlying reasons or motivations for the abuse. In instances where the staff person did not consent to such contact, allows for the offender to be disciplined. The policy also prohibits all sexual activity between inmates and deems such activity to constitute sexual abuse only if it determined the activity was coerced. Section (e) was not covered in the policy.</p> <p>In reference to Section (e), the MDOC intranet page was provided during the audit. This page showed a link to the section for disciplinary sanctions and Mental Health. On the page that is linked it reads, "A report of offender sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation or the allegation is unfounded."</p> <p>In the past twelve months there were no findings of guilt for administrative or criminal findings for inmate-on-inmate sexual abuse that occurred at the facility. The Warden indicated that offenders are subject to disciplinary sanctions for violations and that the sanctions imposed are commensurate in accordance with other offenders and the offender's own history. Additionally, he indicated that mental illness or disabilities are taken into consideration during this process.</p> <p>The three staff interviewed and assigned to Mental Health support that referrals are made and that individual counseling is available for offenders. The offender can choose to participate in the counseling. They do not compel the involvement or condition it for access to other programming.</p> <p>Based upon the evidence discussed: review of policies, specialized staff interviews onsite, the facility has demonstrated compliance with this standard.</p>

115.81	Medical and mental health screenings; history of sexual abuse
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1453 488">115.81 (a)(c) D1-8.13 Offender Sexual Abuse and Harassment, addresses the disclosure of sexual victimization of the perpetration of sexual abuse under § 115.41 ensuring that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 calendar days of the intake screening.</p> <p data-bbox="252 539 1469 831">At JCCC casework staff conduct the screenings and make the referrals for medical or mental health. A random check of twenty offender files supports that the referral are being made with the offender's consent and within 14 days of the disclosure for every offender who made the disclosure during the screening process. The information obtained during these screenings is limited to classification and other personnel as needed to made security, management, treatment, housing, bed, work, education and programming assignments in compliance with this standard.</p> <p data-bbox="252 882 1477 999">Two offenders who had disclosed sexual abuse confirmed that they were asked if they wanted to meet with medical and/or mental health personnel. Each of the offenders interviewed, indicated that they declined to meet with the medical or mental health staff.</p> <p data-bbox="252 1050 1485 1301">The three Medical/Mental Health staff interviewed confirm the limitation of information to those who need to make treatment, investigation and other security and management decisions and the site visit supports that medical records are maintained in a secure location without offender access. Medical/Mental Health staff interviewed confirmed that they obtain informed consent from inmates prior to reporting sexual victimization that did not occur in an institutional setting.</p> <p data-bbox="252 1352 788 1386">JCCC does not house youthful offenders.</p> <p data-bbox="252 1438 1449 1554">Based upon the evidence discussed: review of policies, specialized staff/offender interviews, observations and documentation obtained onsite, the facility has demonstrated compliance with this standard.</p>

115.82	Access to emergency medical and mental health services
	<p data-bbox="252 168 896 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 1484 616">115.82 D1-8.13 Offender Sexual Abuse and Harassment, ensures the timely access to emergency care and crisis intervention, maintenance of secondary documentation and actions to take in the absence of qualified medical health practitioners. Treatment services are provided without financial cost regardless of whether the victim names the abuser or cooperates in the investigation. These services include timely access to treatment for emergency contraception and sexually transmitted infections prophylaxis, in accordance with professional accepted standard of care. JCCC does not house female offenders.</p> <p data-bbox="252 667 1423 828">To support these actions are taken place, a standardized form is utilized to document that emergency services and crisis intervention was provided, to include the information on sexually transmitted diseases and treatment. This material includes information on contraception.</p> <p data-bbox="252 880 1433 1126">Four staff who have acted as First Responders were interviewed and addressed each step taken to ensure a proper response: Ensure the safety of the victim. Request the victim and perpetrator not to take any actions that may destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable and to notify the Shift Supervisor and Mental/Medical Health personnel immediately.</p> <p data-bbox="252 1178 1476 1469">JCCC has a 29-bed infirmary and fully-staff medical unit which operates 24 hours a day, 7 days a week. The facility utilizes a SANE qualified nurse and also has several other SANE qualified nurses on call, as needed. Medical and Mental Health staff confirm that treatment is available to offenders and provide it based upon whether the event was “penetration” or “non-penetration” type of event. The penetration event being immediate, the latter occurring within 24 hours. The medical professional is the one who determines the nature and scope of treatment.</p> <p data-bbox="252 1520 1460 1859">Corizon Contract Section 2.3.3 and Section 2.4.1 Concern the delivery of services and PREA Compliance, which reads, “Corizon will comply with the Prison Rape Elimination Act of 2012 and will follow and enforce the MDOC’s D1-1.13 Offender Sexual Abuse and Harassment policy with the assurance that access to medical and behavioral health care will be provided immediately, upon report or discovery, to victims of sexual misconduct.” Section 3.1.12 Hospital Care outlines the contractor requirement to obtain a written agreement that outlines the terms of medical care services from hospitals that are used regularly. This includes the billing for services and any billing that would be applicable for Medicaid.</p> <p data-bbox="252 1910 1428 1989">Of note, all offender health care is covered, they are not currently charged for any medical costs.</p> <p data-bbox="252 2040 1439 2154">Based upon the evidence discussed: review of policies, contractual information, specialized staff interviews, observations and documentation obtained onsite, the facility has demonstrated compliance with this standard.</p>



115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.83 D1-8.13 Offender Sexual Abuse and Harassment, concerns timely information and access to emergency contraception and prophylactic treatment for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate. This treatment includes medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment plans consistent with the community level of care. When necessary, referrals will be completed for continued care following their transfer to, or placement in, other facilities or their release from custody. This policy addresses pregnancy tests and pregnancy-related services. JCCC does not house female offenders.</p> <p>The policy requires tests for sexually-transmitted infections, as medically appropriate and that these treatment services are offered at no cost to the victim. A mental health evaluation of all known inmate-on-inmate abusers is also attempted within 60 days of learning about the abuse history.</p> <p>The contract with Corizon, Section 2.3.3 and Section 2.4.1 concerns the delivery of services and PREA Compliance, Section 3.1.12 Hospital Care includes the billing for services and any billing that would be applicable for Medicaid. Of note, all offender care is covered, they are not currently charged for any medical costs.</p> <p>The three Medical and Mental Health staff interviewed reported that once treatment was initiated they would continue with follow-up services as needed by the offender. Staff reaffirmed that the offenders are offered individual counseling that is consistent with the care provided in the community. The Medical and Mental Health Staff knew of the requirement for following up with the offender on learning of the abuse history but had not done so yet. They indicated that when a referral is made they would follow up and provide therapy as warranted.</p> <p>There were zero instances of staff or inmate sexual abuse that occurred over the past twelve months that would have allowed for a mental health notification. The disclosure information obtained during the screening is routinely reported. The ten random staff interviews, 22 specialized staff interviews, and documentation obtained onsite for the 20 random offender packets supports that those disclosures have taken place in each incident.</p> <p>Based upon the evidence discussed: review of policies, contracts, specialized staff interviews, observations and documentation obtained onsite, the facility has demonstrated compliance with this standard.</p>

115.86	Sexual abuse incident reviews
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1474 528">115.86 D1-8.13 Offender Sexual Abuse and Harassment, covers the requirement to conduct sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. JCCC utilizes PREA Sexual Abuse Debriefing form M931-4695 to conduct incident reviews. The reviews cover each of the six (6) criteria outlined in the standard.</p> <p data-bbox="252 584 1474 831">Five (5) cases were provided for review prior to the audit. All the cases were closed as "Unsubstantiated" that were provided for review. There were no substantiated cases over the past twelve months.. Debriefings were found to be conducted relative to all investigations of sexual abuse that were reviewed pursuant to the review of the investigative files. In the cases provided for review, medical, supervisory and investigative staff were shown to be present in each debriefing held.</p> <p data-bbox="252 887 1474 1043">Case 2016090087 was closed on 11/15/16. However, the case was not forwarded to the facility until 12/28/16. The debriefing was held on 1/12/17. This is the only case that appears to be outside of the time limit. Ten randomly selected debriefings checked onsite support that the debriefings are held within the required time frame.</p> <p data-bbox="252 1099 1474 1211">None of the debriefing forms provided prior to the audit showed any recommendations for changes, to policy, any errors or problems on corrective actions to be taken. This was also the case with the ten additional debriefings reviewed onsite.</p> <p data-bbox="252 1267 1474 1514">The Warden confirmed the use of the team described above to conduct the debriefings and the information that should be reviewed pursuant to the debriefings. The PREA Compliance Manager confirmed that the debriefings took place and covered the areas above. He added that no recommendations for improvements had been made since the last audit. If the issue would involve a staffing concern, he would contact the state PREA Coordinator for her input. Other members of the Incident Review team confirmed the same information was covered.</p> <p data-bbox="252 1570 1474 1682">Based upon the evidence discussed: review of policies, specialized staff interviews, observations and documentation obtained onsite, the facility has demonstrated compliance with this standard.</p>

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.87 D1-8.13 Offender Sexual Abuse and Harassment address the annual reporting requirement and collection of uniform data using a standardized instrument and definitions necessary to answer the most recent survey of sexual violence conducted by the Department of Justice.</p> <p>“The MDOC PREA Annual Report for 2015 reads, “Pursuant to PREA Standards 115.87, 115.88 and 115.89, the department collects data from allegations of offender sexual abuse and harassment in a secure investigative case management system. This data is aggregated and reviewed annually at the facility level and then by the agency in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response to offender sexual abuse and harassment. Below is an overview of upgrades made during the 2015 calendar year.” The data includes: progress made in the year, trend analysis with comparisons of data from prior years, investigative summary of cases and corrective action. This report, along with reports from 2010-2014, can be found on the agency website. The web address for the current year is: http://doc.mo.gov/Documents/PREA/2015_PREA_Data.pdf. This report meets the criteria described in the standard.</p> <p>The system currently in use is Corrections Information Network (COIN), which is used to aggregate the data required as part of the Survey of Sexual Violence (SSV). This information is provided back to the Division Directors, Wardens and Site Coordinators (PREA Compliance Managers). Policy D1-8.1 Investigations outlines the Investigation Records Intelligence System (IRIS): Case management system as the system that MDOC is transitioning to for the management of investigative data.</p> <p>The PREA Coordinator was interviewed and confirmed that they collect data for the state and utilize that data in their efforts to prevent, detect and respond and make changes to their policies and training, accordingly. The COIN system was cited as the tracking currently in use.</p> <p>Based upon the evidence discussed: review of policies, specialized staff interviews, observations and documentation obtained, the facility has demonstrated compliance with this standard.</p>

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.88 D1-8.13 Offender Sexual Abuse and Harassment, requires the agency to use data collected in 115.87 to address the effectiveness of their sexual abuse prevention program, including the identification of problem areas, corrective actions taken and the preparation of an annual report, with comparative data for the prior years. The department's annual PREA is available to the public on the department's internet website.</p> <p>The MDOC PREA Annual Report for 2015 reads, "Pursuant to PREA Standards 115.87, 115.88 and 115.89, the department collects data from allegations of offender sexual abuse and harassment in a secure investigative case management system. This data is aggregated and reviewed annually at the facility level and then by the agency in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response to offender sexual abuse and harassment. Below is an overview of upgrades made during the 2015 calendar year." The data includes: progress made in the year, trend analysis with comparisons of data from prior years, investigative summary of cases and corrective action. This report, along with reports from 2010-2014, can be found on the agency website. The web address for the current year is: http://doc.mo.gov/Documents/PREA/2015_PREA_Data.pdf. supporting that the agency is in compliance with this standard.</p> <p>The Warden indicated that he utilized the data to determine if there were blind spots or other areas of concern that he could address. The Warden approves facility-generated reports submitted by the PREA Compliance Manager. The Warden further indicated that he did not approve the reports submitted by the agency pursuant to this standard, but that the Director would be the one to make the approval for those reports. The PREA Coordinator stated that the agency was in compliance with this standard.</p> <p>The PREA Coordinator indicated that nothing would be redacted from the annual report.</p> <p>Based upon the evidence discussed: review of policies, specialized staff interviews, observations and documentation obtained, the facility has demonstrated compliance with this standard.</p>

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.89 The Agency Records Disposition Schedule for the Department of Corrections, Section Inspector General shows retention of 25 years for investigative files and 50 years for sexual abuse cases of offenders and employees within the Department of Corrections. This may include, but is not limited to investigations involving volunteers, interns, contractors and inmates.</p> <p>The MDOC PREA Annual Report for 2015 reads, "Pursuant to PREA Standards 115.87, 115.88 and 115.89, the department collects data from allegations of offender sexual abuse and harassment in a secure investigative case management system. This data is aggregated and reviewed annually at the facility level and then by the agency in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response to offender sexual abuse and harassment. Below is an overview of upgrades made during the 2015 calendar year." The data includes: progress made in the year, trend analysis with comparisons of data from prior years, investigative summary of cases and corrective action. This report, along with reports from 2010-2014, can be found on the agency website. The web address for the current year is: http://doc.mo.gov/Documents/PREA/2015_PREA_Data.pdf.</p> <p>When interviewed, the PREA Coordinator cited the use of the COIN system as a means of record retention.</p> <p>Based upon the evidence discussed: review of policies, specialized staff interviews, observations and documentation obtained, the facility has demonstrated compliance with this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401 The agency publishes the names of each facility and location. This list was compared with the posting of audits from 2014 to the present. The audits show that each facility listed was audited once from 2014-2016. Western Missouri Correctional Center (WMCC) is shown as being audited again for 2017. Note, the dates of audits shown on the website is the date of publication. The site visit may have occurred in the prior year, as is the case with the posting for WMCC.</p> <p>Contracts were awarded under the numbers CS160754001, CS160754002 and CS160754003. Each contract for residential facilities contained language requiring adherence to PREA and to the audit standards, and two of the three recipients included their PREA Audit history and PREA Operating Standards as part of the contract.</p> <p>In 2014, Missouri had two (2) facility audits shown on the website. In 2015, that number was fourteen (14). In 2016, the number is ten (10). The total audited is 26, which matches the number of facilities, to include community correction facilities. The information on the site does not include information for the three contracted agencies that operate the residential facilities.</p> <p>The auditor toured the entire facility finding that most of the housing units were structurally identical.</p> <p>The auditor received one letter from an offender. The letter did not concern a PREA issue.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403 (f) The agency publishes the names of each facility and location. This list was compared with the posting of audits from 2014 to the present. The audits show that each facility listed was audited once from 2014-2016. Western Missouri Correctional Center (WMCC) is shown as being audited again for 2017. Note, the dates of audits shown on the website is the date of publication. The site visit may have occurred in the prior year, as is the case with the posting for WMCC.</p>

Appendix: Provision Findings

115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes

115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)	yes

115.13 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into	yes

	consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?	
	Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring ?	yes

115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes

115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20,2017.)	na

115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates?	yes

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes

115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all	yes

	aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes

115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes

115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes

115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates?	yes

115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency: perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes

115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na

115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na

115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.)	yes

115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na

115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes

115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes

115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

115.33 (c)	Inmate education	
	Have all inmates received such education?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes

115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes

115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	yes

115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	yes

115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes

115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?	yes

115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes

115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	no

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes

115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a: Referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Request?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes

115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes

115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes

115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes

115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes

115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes

115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?	yes

115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?	yes

115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes

115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes

115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?	no

115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes

115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes

115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes

115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes

115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes

115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes

115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes

115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes

115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes

115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes

115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.73 (c)	Reporting to inmates	
	Following a inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following a inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes

115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes

115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes

115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes

115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes

115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes

115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.78 (g)	Disciplinary sanctions for inmates	
	Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes

115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes

115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes

115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na

115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na

115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes

115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes

115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once.? (N/A before August 20, 2016.)	yes

115.401 (b)	Frequency and scope of audits	
	During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?	yes

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)	yes

PREA AUDIT: AUDITOR'S SUMMARY REPORT ADULT PRISONS & JAILS

PREA AUDIT REPORT ☐ Interim ☒ Final

Date of report: June 26, 2017

Auditor Information			
Auditor name: Elisabeth M. Copeland			
Address: 714 SW Jackson, Suite 300, Topeka, Kansas 66603			
Email: Elisabeth.Copeland@doc.ks.gov			
Telephone number: 785-291-3074			
Date of facility visit: May 10 - 12, 2017			
Facility Information			
Facility name: Missouri Eastern Correctional Center			
Facility physical address: 18701 Old Hwy 66, Pacific, MO 63069			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 660-646-4032			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Jennifer Sachse, Warden			
Number of staff assigned to the facility in the last 12 months: 373			
Designed facility capacity: 1100			
Current population of facility: 1094			
Facility security levels/inmate custody levels: Medium/Minimum (1-5)			
Age range of the population: 18 -81			
Name of PREA Compliance Manager: Brenda Short		Title: Deputy Warden	
Email address: Brenda.Short@doc.mo.gov		Telephone number: 636-257-3322	
Agency Information			
Name of agency: Missouri Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 2729 Plaza Drive, Jefferson City, MO 65102			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 573-526-6607			
Agency Chief Executive Officer			
Name: Anne L. Precythe		Title: Director	
Email address: anne.precythe@doc.mo.gov		Telephone number: 573-526-6607	
Agency-Wide PREA Coordinator			
Name: Vevia Sturm		Title: PREA Coordinator	
Email address: Vevia.Sturm@doc.mo.gov		Telephone number: 573-522-1634	

AUDIT FINDINGS

NARRATIVE

PRE-AUDIT

A Notice of PREA Audit was sent to Missouri Eastern Correctional Center (MECC) on March 27, 2017 via the Site Coordinator, Brenda Short and the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on May 10 -12, 2017. At this time, this auditor requested that the pre-audit questionnaire (PAQ) be sent to me no later than April 21, 2017. It should be noted that this audit is being conducted as part of five-state circular audit consortium consisting of Nebraska, Kansas, Missouri, Kentucky and Louisiana.

This auditor did not receive a flash drive containing MECC's Pre-Audit Questionnaire even though MECC sent one. This required the auditor to review additional documentation while on site in addition to receiving a copy of the PAQ documentation. While onsite the auditor began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the remaining portion of onsite portion of the audit.

On May 9, 2017, a tentative agenda for the PREA audit was sent the Site Coordinator and the PREA Coordinator for MDOC. This agenda outlined the when the auditing would be on site, the types of staff and inmates that would be interviewed and when the audit would conclude. The Site Coordinator was advised of which specialized staff would be interviewed as well as which specialized inmate populations would be interviewed.

The auditor received one letter from an inmate requesting to speak to the auditing team.

ONSITE

The auditor was accompanied on the site visit by a member of the Kansas PREA team: Joni Foster-Webster Central Office PREA Specialists. The team was greeted and given a history and the layout of the facility by Warden Jennifer Sachse and Deputy Warden (Site Coordinator) Brenda Short. The agency Assistant PREA Coordinator Adam Albach was also in attendance throughout the audit process. After the initial meeting, a detailed tour was provided to the auditing team.

Warden Jennifer Sachse and Site Coordinator Brenda Short lead the onsite tour. The tour began with the housing units.. The auditor viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information was clearly marked on bulletin boards in each living unit. It was noted that emotional support service information was missing in some of the units and they were quickly replaced by administration. In all living units toilets and shower stalls all had appropriate coverings. The "Notice of PREA Audit" was also clearly visible throughout the tour.

In addition to the living units, intake, medical area, outside recreation, inside recreation, dining areas, library, programs, and control posts were also toured. PREA reporting information in English and Spanish were found on every bulletin board and were clearly marked.

Immediately after the tour, the Site Coordinator provided the auditing team with staff rosters from all three shifts and provided a list of specialized staff. The auditor then randomly selected from each shift, as well as established times to interview specialize staff.

The Site Coordinator provided the auditor with housing unit rosters. In reviewing the five housing rosters, the auditor randomly selected two - five inmates from each unit for a total of 20 inmates to be interviewed. MECC provided confidential locations in the training center for the auditing team to interview inmates.

MECC provided appropriate accommodations for the auditors to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. The Site Coordinator and Warden were readily available to answer any questions and assist in any way. Staff at MECC was extremely helpful and polite throughout the entire process and escorted the audit team to each housing unit.

Auditors interviewed 19 inmates that had various lengths of stay. This number includes the one inmate who requested to speak to the auditing team. The auditors interviewed 19 staff to include the Warden, Mental Health Staff, Human Resources staff, Chief of Custody, Intake Staff, as well as random staff from all housing units.

Prior to the exit interview, the auditor reviewed onsite documentation and discussed results of interviews conducted by Joni Foster-Webster. We compared notes and reviewed standards. There was an exit interview conducted at the end of the site visit.

POST AUDIT

After the onsite portion of the PREA audit, this auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

On July 3, 2017, the PREA audit report was submitted to the PREA Resource Center and copies were sent to the Warden and Deputy Warden of MECC, as well as, the statewide PREA coordinator.

DESCRIPTION OF FACILITY CHARACTERISTICS

OVERVIEW:

The Missouri Eastern Correctional Center (MECC) is located in Pacific, Missouri and is situated on 42 acres. First opened in 1981, MECC is a minimum/medium security institution housing male offenders. The institution consists of five housing units consisting of multiple occupancy cells. The remaining four buildings consist of a central services building, a gymnasium, a garage, a maintenance department, five elevated towers, a water treatment plant, and administrative offices. The perimeter is secured by two, 12 foot-high fences. The inner fence is rowed with razor sharp barbed wire every six feet. The fence also has an electronic motion system connected to it. The outer fence is topped with barbed wire. A private asphalt road that is used by a constantly roving vehicular patrol for additional security surrounds the facility. .

The administrative building contains the administrative offices, offender-visiting areas, and the medical clinic. The central services building houses the probation and parole office, food service area, chapel, library, academic school, canteen, offender property room, warehouse, laundry, activities room, and the Missouri Vocational Enterprise program.

SUMMARY OF AUDIT FINDINGS

MECC administration believes that incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency, the actions of MECC leadership during the tour as well as the knowledge the staff demonstrated of PREA. MECC leadership was quick to respond to any issues the auditing team had on missing reporting information. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

The overall theme of the interviews with random inmates included being able explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education upon intake. While some stated they could not remember the PREA video in its entirety, they did remember viewing it. All inmates reported they knew that opposite gender staff announced themselves at the beginning of each shift.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger they would immediately secure the safety of that individual.

This auditor received one letter from an inmate housed at MECC expressing concerns about his safety and the status of his investigation. He was interviewed by the auditing team. The auditing team reviewed the status of this investigation and learned that it is still pending. It was also learned that the perpetrator is currently being housed in segregation while this inmate remains in general population. A coordinated response had been initiate per MECC policy and PREA standards in accordance to MECC policy. As of this date, this inmate had declined mental health services.

Additional interviews consisted of eleven random inmate interviews, five targeted inmate interviews, eight random staff interviews and eleven specialized staff interviews.

Documentation requested by the audit team was quickly gathered and presented in a organized fashion. MECC was very open to anything the audit team asked or requested. MECC was found to be compliance with all PREA standards.

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11(a) MECC has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. (See D1-8.13 Offender Sexual Abuse and Harassment, Section III (A)(2), page 6: "The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation." In this same policy the agency outlines how they will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. This outline can be found starting on page 6 and ends on page 27.

This same policy also includes specific definitions of offender-on-offender sexual abuse as well as offender-on-offender sexual harassment. Definitions in this policy also define staff-on-offender sexual abuse and staff-on-offender sexual harassment.

MECC also has an additional policy that addresses zero tolerance towards all forms of sexual abuse and sexual harassment. (See D1-8.6 Offender Physical Abuse, Section III (A)(3), page 3: "The department has zero tolerance for all forms of offender abuse and retaliation." In III (B)(1) page 3 it further states, "Failure to report that an offender has been abused is a class A misdemeanor."

In addition to this policy, IS19-1.1, "Conduct Rules and Sanctions," Section II (N) Rules of Conduct (7), page 3, defines Forcible Sexual Misconduct: 7.1 Using force, coercion or threats of force to obtain the compliance of another in any type of sexual activity. On page 9 of this same policy, it states, "The first 9 conduct violations rules (1-9.4) shall be considered major conduct violations. Major conduct violations shall normally result in more severe sanctions than other violations. Any conduct violations, under unusual or extreme conditions, may be considered a major violation if so recommended by the adjustment board and approved by the warden/designee."

The auditor also reviewed the employee handbook. On page 20, "Offender Abuse and Sexual Contact with an Offender," it states, "...A person commits the crime of offender abuse by knowingly injuring the physical well-being of an offender by beating, striking, wounding or by having sexual contact with an offender. Offender abuse is a class C felony, which carries a maximum sentence of incarceration of seven years." It goes on to state "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor."

Through the tour of the facility, the auditor noticed signage in every living unit, recreation areas, dining halls, and education building that stated sexual abuse is not tolerated at MECC. Signage also included ways offenders could report such abuse.

115.11(b) Missouri Department of Corrections (MDOC) has designated an upper-level, agency wide PREA Coordinator. The position of the PREA Coordinator is listed in the MDOC's organizational chart and is under the department's General Counsel. In addition, MECC has also designated the Deputy Warden of Offender Management as the PREA compliance manager (Site Coordinator). This position is also listed in the facility's organizational chart and reports directly to the Warden of MECC. Both positions are required per policy D1-1.13, Offender Sexual Abuse and Harassment, Section III (A)(4) and (5), page 6.

115.11(c) N/A MECC only operates one facility.

Standard 115.12 Contracting with other entities for the confinement of inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.12(a) N/A MECC does not contract with private agencies or other entities for the confinement of inmates.

115.12(b) N/A MECCC does not contract with private agencies or other entities for the confinement of inmates.

NOTE:

It should be that MECC's parent agency, Missouri Department of Corrections (MDOC) does contract with private agencies and other entities for the placement of inmates.

The requirement of the parent agency to require any new contract or contract renewals with private agencies or other entities the obligation of that party to adopt and comply with the PREA Standards.

This language can be found in MDOC's policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (9), page 7, states, "All residential contractors shall adopt and comply with PREA standards as outlined in their contract with the department..." The policy also states that Chief Administrative Officer or designee shall regularly audit residential contractors to ensure compliance with the PREA standards and the department may enter into contracts with an entity that fails to comply with PREA standards only in emergency circumstances.

MECC provided an example of what MDOC sends out in their request for proposals (RFP) for residential placement. On page 11 of the RFP, "The state agency has a zero tolerance for any form of sexual misconduct to include staff/contractor/volunteer on offender or offender on offender sexual harassment, sexual assault, sexual abusive contact and consensual sex. Any contractor or contractor's employee or agent who witnesses sexual abuse or sexual harassment must immediately report it to the Chief Operating Office of the residential facility. A contractor or contractor's employee or agent who engages in, fails to report, or knowingly condones sexual harassment or sexual contact with or between offenders shall be grounds for canceling the contract and may subject the contractor or contractor's employee or agent to criminal prosecution. Any contractor, contractor's employee or agent who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution shall be denied access into the institution."

On page 12, the RFP also discusses PREA audit requirements, PREA reviews by MDOC, required staffing patterns as well as the requirements for specific PREA policies.

MECC provided examples of PREA audits that have been conducted at MDOC's contracted placements (Center for Women in Transition – Schirmer House, Heartland Center for Behavior Change, Metropolitan Employment and Rehabilitation Services (MERS), and Reality House Programs, Inc.)

Standard 115.13 Supervision and monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.13(a) MDOC requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (10)(11), page 7 states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender populations, and the prevalence of substantiated and unsubstantiated offender sexual allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted."

In 2009, the MDOC Division of Adult Institutions established Correctional Officer staffing patterns for all facilities noting minimum staffing for all posts. The Division of Adult Institutions operates with an overall ration of one officer to six offenders, (1:6). MDOC follows National Institute of Corrections suggested methods of calculating staff needs per post. The ratios of supervisory staff to corrections officer and other staff is as follows: One to seven (1:7) Sergeants to Corrections Office I and a one to three (1:3) Lieutenant to Sergeants.

In regards to the staffing plan the warden states, “Staffing is our most valuable resource and it undergoes a yearly review. At this time we do have a few more posts than people; however, we are doing good. The captains have the staffing plans and will close the yard and open wings if we would reach critical staffing levels.”

115.13(b) N/A MECC has had no circumstances where there were deviations from the staffing plan.

115.13(c) MECC provided a copy of a memo from Dave Dormire, Director of Division of Adult Institutions to the statewide PREA Coordinator with MECC’s Chief of Custody being carbon copied. The memo, dated July 24, 2015, reads, “This is in response to the Division’s compliance to PREA Standard – 115.13 Supervision and monitoring. In regard to our staffing, the division continually reviews our staff planning to provide adequate staffing levels and we currently have no significant changes. If any one of the below eleven components would change, it would trigger a review of our staffing plan. Thank you.”

Policy D4-4.8, Security Camera Operations, page 5, states, “To assist in the prevention, detection and prosecution of offender sexual abuse and overall security of the facility, the CAO or designee will monitor the feasibility of placement and the need for new or additional requirements equipment. The CAO or designee will maintain a current document reflecting existing video equipment, requests for new purchases, and identified areas needing video surveillance. When debriefing critical incidents consideration shall be given as to whether security camera equipment or monitoring should be augmented to supplement supervision by staff in accordance with department procedures regarding serious incident reporting and debriefing.”

Auditor reviewed the facility’s 2016 Annual Report. This report covered the evaluation of camera and monitoring systems. It outlined the needs of MECC when it comes to camera coverage and PREA. It read, “We need a budget to fund the upgrade to our camera systems.”

Auditor reviewed MECC’s calendar year 2015 annual report. This report incorporates the review PREA cases, overview of the facility’s handling of PREA cases (to include any corrective action the facility implemented), evaluation of monitoring systems as well as the staffing plan.

115.13(d) Policy D1-8.13, Offender Sexual Abuse and Harassment, page 6, states, “Each facility shall ensure the intermediate-level or higher supervisors conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Each facility shall ensure that rounds occur periodically in all areas of the facility. Staff members shall be prohibited from alerting other staff members that these rounds are occurring. The rounds will be documented and readily accessible during audits as outlines in the facilities standard operating procedure.”

Policy IS20-1.1 Post Orders, Section II (F), page 2, states “Unannounced Supervisor Rounds: Unannounced rounds conducted and documented periodically on each shift, in all areas of the facility, by supervisors of an intermediate level or higher (lieutenant or abut) to deter offender sexual abuse and sexual harassment by staff members.”

Section III (B)(4), pages 2-3, of this same policy states, “The chief administrative officer (CAO) of each institution shall: ensure post order of supervisory custody staff member includes language that requires conducting unannounced supervisor rounds, and requires supervisors to record said rounds on the staff member sign-in form; unannounced supervisor rounds shall occur periodically on each shift in all areas of the facility, establish a standard for which the chief of custody audits the post sign-in forms verifying the completion of conducted unannounced supervisor rounds, ensure all staff member post order include a general order prohibiting staff members from alerting each other that unannounced supervisor rounds are occurring, unless such announcement is related to legitimate operational functions of the facility.”

Auditor reviewed random shift summaries of HU1, HU2, HU 3 and HU4 from 2016. These shift summaries include which supervisors conducted their unannounced rounds. Each of these housing units provided one log for a 24-hour period. Auditor reviewed logs from December 17, 2016, March 35, 2017, July 7, 2016 and January 3, 2017.

Auditor also pulled six random Shift Commander Logs and found PREA security checks listed on all of them. These logs were from November 13, 2016 (1st, 2nd and 3rd shift) and February 3, 2017 (1st 2nd, and 3rd shift).

The auditor also interviewed Assistance Shift Supervisor regarding unannounced rounds. He states, “These are required on all shifts; however, you can’t be in every house every day. You just have to pick a place every night and check.” When asked how would discipline staff who alert other staff that captains are making the rounds he replied, “So far this has not happened, but if it did, the first step would be counseling the staff on policy.”

Standard 115.14 Youthful inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC does not house youthful offenders.

115.14(a)(b) Policy D1-8.13, Offender Sexual Abuse and Harassment, defines a youthful offenders as, "An offender under the age of 18 that has been adjudicated as an adult by the courts and sentenced to the department." This policy also states, "A youthful offender shall not be placed in a housing unit in which he shall have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters. Staff members shall avoid placing youthful offenders in isolation to comply with this provision. If sight and sound separation is not possible, staff members shall provide direct supervision. Staff members shall provide direct supervision when youth and offenders may have unavoidable contact. General population youthful offenders shall be housed separate from offenders 18 years and older in accordance with the institution's standard operating procedure for the offender housing assignments."

IS5-3.1, Offender Housing Assignments, Section III, (A)(2)(f), page 2, states "Youthful offenders will only be housed with other youthful offenders (standard operating procedures (SOP) will be developed to specify how such housing assignments will be made."

Missouri law also requires this: Chapter 217, Department of Corrections, Section 217.345, dated August 28, 2013

115.14(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, also states, "Youthful offenders who are placed in segregated housing, assigned to disciplinary segregation, or to the infirmary shall only be housed with another youthful offender or in a single cell in accordance with the institutional services procedure regarding administrative segregation confinement. To the extent possible, youthful offenders shall have access to work, programs, and/or activities in accordance with department and institutional services procedures."

Standard 115.15 Limits to cross-gender viewing and searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.15(a) MECC is a male only facility and does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. In the past twelve months, there has been no cross-gender strip or cross-gender visual body cavity searches of inmates by female staff.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C) (7), page 14 -15 states, "Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services procedure...Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff of opposite gender viewing their breast, buttock, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks...Staff

of the opposite gender shall announce their presence prior to entering an offender housing unit...Announcements shall be recorded...If a staff member of the opposite gender is required to venture past privacy barriers, and no exigent circumstances exist, the staff shall verbally announce their presence to the offenders and allow the offenders to seek privacy from the staff..."

Policy IS20-1.3, "Searches", page 8, states, "To the extent possible, strip searches will be conducted in an area to allow privacy to the offender. Strip searches will be conducted by staff members of the same gender, except in exigent circumstances. Exigent circumstances include: time delaying a search could allow for the destruction of evidence, escape of an offender, endangerment of life, health or property of staff members, offenders, or the public, emergency movement situations (i.e., crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons." Page 3 of this policy states, "Male offenders will be strip searched by male custody officers."

In the past 12 months there have been no cross-gender strip searches or cross-gender visual body cavity search. The facility did provide an example of the log that would be used if this would occur.

115.15(b) N/A MECC is a male only facility.

116.15(c) Policy IS20-1.3, "Searches," also states, "Staff members will document a cross gender strip search on the cross gender search form. The shift supervisor will make all applicable notifications in accordance with standard operating procedures and forward the cross gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross gender search form. If it is determined the search was conducted under non-exigent circumstances, it will be referred for review and action as deemed appropriate. The PREA site coordinator will maintain the cross gender search form and supporting documentation as deemed appropriate."

This same policy also states, "Cross gender thorough pat searches of male offenders will only occur during exigent circumstances. These cross gender thorough pat searches will be immediately reported to the shift supervisor and the searching staff member will document the search on the cross gender search form. The shift supervisor will make all applicable notifications in accordance with SOP and forward the cross gender search form to the Prison Rape Elimination Act (PREA) site coordinator. The PREA site coordinator shall review the cross gender search form. If it is determined the search was conducted under non-exigent circumstances, it will be referred for review and action as deemed appropriate. The PREA site coordinate will maintain the cross gender search form and supporting documents for tracking purposes."

Staff was emphatic that no cross gender strip searches are allowed at this facility except in the instance of exigent circumstances. All male inmates interviewed stated they have never had a female staff member strip search them.

115.15(d)

Policy D1-8.13, "Offender Sexual Abuse and Harassment states, "Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breast, buttock, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with divisional and institutional services procedures and community supervision and community release centers procedures regarding searches. "

Policy D4-4.8 Security Camera Operations, Section III (B), page 4 states "As authorized by the CAO, stationary security cameras should be positioned where placement will enhance security operations as to view live monitoring of visual images in areas where offenders may be located...Security cameras may be placed in restroom/shower areas when barriers or camera positioning prevents the capture of images of genitals, buttocks, or male breasts." On page 5 of this same policy it states, "The CAO will designate authorized staff to review visual images at the original source as it relates to their assigned job duties as outlined in standard operating procedures. Access to visual images and recordings should be limited in order to maintain integrity and security. Custody posts designated for the specific purpose of viewing offender confinement within living environments where use of restroom, showers, strip cells, etc., occur shall be designated as same gender posts with the approval from the appropriate deputy division director."

Policy IS6-1.3, "Offender Personal Appearance and Grooming," states, "Offenders must be dressed at all times, as nudity is not permitted at any time other than when taking a shower or to address hygienic and bodily functions. Offender clothing shall be clean at all times and not worn in any manner or style to identify with or against a gang in accordance with institutional services procedures regarding offender conduct rules and sanctions. Offenders may be required to have clothing laundered at other than normal times due to sanitation or medical needs. Offenders should use privacy barriers provided when using the restroom and when changing clothes."

Policy IS6-1.3, Offender Personal Appearance and Grooming, states, "Offenders must be dressed at all times as nudity is not permitted at any time other than when taking a shower or to address hygienic and bodily functions." It also states, "Offenders should use privacy barriers provided when using the restroom and when changing clothes."

Auditor reviewed nine random housing logs verified that each log contained a cross gender announcement. Examples of cross gender

documentation included the following language, "...PREA announcement made females on duty..." These logs were from January 6, 2017, April 20, 2017 and October 2, 2016. In addition, another 19 logs were reviewed.

MECC advises that MECC Maintenance staff have placed pixels to cover the toilet area of all cells that have cameras. The only cells that have toilets are located in the Segregation Unit. Females announce themselves prior to entering a bathroom area.

115.15(e) The facility has a policy prohibiting staff from searching or physically examining transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The policy SOP D1-8.13, Offender Sexual Abuse and Harassment, Section III, (C) (7c) states, "Staff members shall not perform strip – or pat-down searches or conduct physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center."

This is also prohibited in policy IS & SOP 11-34.1 Health Assessment and/or Physical Examination at Reception, page 5 and in IS & SOP 20-1.3 Searches, page 16. This policy reads, "The facility shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning the information as part of a broader medical examination conducted in private by the responsible physician."

Currently MECC has one transgender housed at the facility. Staff stated they were not allowed to pat search an inmate to determine their genitalia. Intake staff stated if there was a question on the genital status of an inmate, medical would conduct the physical search.

Also in policy IS & SOP 20-1.3 Searches, page 17, it reads, "Gender Unknown Through Pat Search: At the diagnostic center, if the gender of the offender is unknown, a female staff will be assigned to perform the pat search." On page 17 it also reads, "Transgender or Intersex Thorough Pat Search: When thorough pat searching a transgender or intersex male offender's upper torso, male staff member will utilize the male offender search technique."

115.15(f) Training requirements for cross-gender pat down searches of transgender and intersex offenders can also be found in SOP D1-8.13 Offender Sexual Abuse and Harassment, page 13. This policy states, "Staff members shall be trained in how to conduct cross-gender pat-down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs."

Auditor reviewed MDOC statewide lesson plan titled Institutional Searches dated October 2014. Instructions from cross-gender searches can be found on pages 13-14; the lesson plan reads, "As stated before, pat searches are preferable if conducted by same gender staff, but that is not always practical and a cross-gender search must be conducted. The cross gender search is comparable to a same gender pat search but when performed the officer will utilize the back of the hand to search the following areas: 1) chest or breast area, 2) sides, 3) armpits, 4) lower abdomen, and 5) buttocks. Please note a male officer search a female offender will only occur during an exigent circumstance. Policy IS20-1.3 states that an exigent circumstance is any set of temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility." At this point of the lesson plan, participants watch two training videos: "Thorough Female on Male" (7:40 minutes) and "Thorough Male on Female" (7:58 minutes).

Transcript for the Thorough Female on Male Pat Searches can be found on pages 16-17; the lesson plan reads, "Have the offender face you and have them open their mouth while examine it for contraband. Have the offender show you the front and back of their hands. Have the offender remove any loose braids or bunched hair and have the offender lean forward, as they run their hands/fingers through their hair for visual inspection. If the offender does not provide you with an acceptable inspection you may, with the use of protective gloves, search the offender's hair. Have the offender show you the front and backs of their hands again; this will help prevent the movement of contraband between these areas. Have the offender turn around and approach the offender from behind, positioning yourself in a defensive stance at approximately 45 degrees angle. Instruct the offender to place their feet shoulder width or wider apart. Before you begin your search you must also remember to keep a visual on the offender and be mindful of your safety. Whenever searching an offender, no matter the gender, it is important to always be in a defensive stance and keep one hand placed on the back, shoulder or lower back of the offender. By keeping your hand on the offender you have a quicker reaction time to any sudden movements and the possibility of the offender becoming violent. Begin your search at the collar sliding the hand over the material. Using the palm of the hand, search the shoulder area and proceed along the top of the arm to the end of the shirt sleeve. Upon reaching the end of the sleeve use the back of the hand to search the underside of the arm. Slide the back of the hand along the under arm to the armpit. Using the back of the hand, slide it down to the offender's waist. From the armpit, use the back of your hand and search down the offender's side to the waistband. At the waistband, rotate the hand while simultaneously sliding it along the offender's waistband until the fingers come to rest in the center of the back just above the waistband."

MECC reports, "Officers are trained in searches yearly at 100% compliance. If any custody officer would transfers here from a female facility are given a refresher training in pat searching male offenders."

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC has established procedures to provide disabled inmates and inmates with limited English proficiency equal opportunities to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

115.16(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C) 6, pages 10 - 11 state "The department shall provide PREA related education in formats accessible to all offenders including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If the documents are unable to be translated as a recognized language the departments PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through the PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment."

MECC provided examples of PREA Brochures and Acknowledgement Forms in the following languages: English, Japanese, Servo Croatian, Spanish, Vietnamese, Russian, Simplified Chinese, Traditional Chinese, Large Print and Braille. PREA posters were in English and Spanish.

Transcripts of the video, "Speaking Up," from the National Institute of Corrections are available for the hearing impaired. They are available in English and Spanish.

IS/SOP 5-1.2, "Institution Receiving and Orientation", Section III (B)(2)(d), pages 3 and 4 reads, "****SOP: The Corrections Classification Assistant (CCA) assigned to conduct PREA orientation with the offender will be responsible to identify offenders unable to understand the material normally presented. Whenever an offender needs PREA information formatted outside of the normal material provided an electronic message will be sent to the site coordinator for each instance noting the reason additional resources were needed with the name and number of the offender involved. Offenders assigned to reception and orientation will be provided PREA orientation to include the Offender Brochure on Sexual Abuse and Harassment and the PREA video the next working day following intake. Offenders assigned to segregation upon intake will be provided the Offender Brochure on Sexual Abuse and Harassment from the assigned case manager and will view the PREA video when assigned to the orientation unit prior to being placed in general population. The PREA Offender brochure is available in English, Japanese, Russian, Serbo-Croatian, Simple Chinese, Traditional Chinese, Vietnamese, Spanish, and large print via the department's PREA link. The staff overseeing orientation will make available upon request the appropriate brochure when needed.

IS/SOP 5-2.3, "Offender Internal Classification," Section III (D)(2), page 3 states, "****SOP: Offenders will not be disciplined or required to answer or disclose information related to disabilities, sexual orientation, victimization or perception of vulnerability. If determined during the assessment the offender appears to be at imminent risk to be a victim of sexual abuse the FUM will be immediately notified. The FUM will meet with the offender and ensure the offender is aware of reporting victimization procedures and feels safe in his present housing and work assignment. If question #12: *"Is the offender or does the offender appear to the rater to exhibit characteristics of a Gay, Lesbian, Bisexual, Transgender, Intersex, or Gender Nonconforming individual?"* or Question #11 regarding developmental, mental, or medical disability marked yes or the offender refuses to answer question #12 the case manager will notify the PREA site coordinator by e-mail."

PREA posters were located throughout the facility in English and Spanish.

Currently MECC does not have any staff members who can act as interpreters.

Random staff interviews indicated that staff was aware of other staff member that could be used as interpreters. The consensus on using offenders as interpreters can be summed up by this quote, "You would not use them for PREA. Someone would be called in."

On the day of the onsite portion of the audit, one inmate was interviewed who identified as English being his second language. He advised that he was given PREA information in his own language; however, he can understand English also. An inmate who was identified as being hearing impaired was also interviewed. He reported he was able to read all of the PREA information given to him. He also reported that he felt safe at MECC.

It should also be noted that as part of all institutional basic training, staff receive a two hour course on special needs offenders. This course focuses on comparing and contrasting individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Staff will assess potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

115.16(c) Policy D5-5.1, Deaf and Hard of Hearing Offenders, reads, “The deaf or hard of hearing offender shall be offered the assistance of qualified interpreters and have other auxiliary aids expressed to them during the diagnostic process. The methods for requesting accommodations or modifications shall be reviewed with the offender. Deaf or hard of hearing offenders shall be advised of the request for reasonable accommodation from and how to obtain it. The waiver of certified and licensed interpreter will be reviewed with the offender. Medical staff shall complete the medical verification section of the request for reasonable accommodation form and consult with the caseworker and the Americans with Disabilities Act site coordinator to determine the appropriate accommodations for the offender.”

It should also be noted that listed in the MECC’s Coordinated Response is the following statement, “Offender interpreters will only be used in exigent circumstances. If an interpreter is needed, notify the PREA Coordinator/designee immediately for assistance.” **NOTE:** No inmate interpreters have been used in this type of circumstance.

Standard 115.17 Hiring and promotion decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC has several policies in place that prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor, volunteer, or intern who has engaged in sexual abuse of an inmate.

115.17(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B), pages 7 – 8 states, “Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known that he has engaged in sexual abuse with an offender...”

A blank copy of the application for employment for MECC was provided to the audit team. The audit team was able to locate these three questions:

- While working or volunteering at this facility, were you terminated or otherwise disciplined or counseled for sexual contact with or sexual harassment of an inmate, detainee or resident of the facility?
- Have you pled guilty to or been found guilty of engaging in sexual activity or attempting sexual activity involving force or inflicted upon a person unable to give consent?
- Have you been found to have engaged in sexual activity or attempted sexual activity involving force or inflicted upon a person unable to consent, by a civil or administrative body? This includes actions taken upon a professional license or a professional registry and any internal administrative investigation results.

MECC provided documentation of background checks done on new hires and those employees up for promotion. Documentation was also provided showing previous employers were contacted regarding incidents of previous sexual abuse and sexual harassment of incarcerated individuals.

115.17(b) Policy D1-8.13 Offender Sexual Abuse and Harassment further states, “Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor...”

The human resource indicated that questions asking if applicants have ever worked in a facility governed by PREA include questions on sexual harassment. If they indicate “yes” on the application, it is investigated.

On the copy of the blank application (appendix 1) given to the audit team it reads, “Effective August 2013, the Department of Corrections must be compliance with final standards implementing the Prison Rape Elimination Act (PREA), issued by the U. S. Department of Justice. The following questions are being asked of all applicants who may have contact with offenders as part of their regular job or volunteer duties.” (The questions listed are cited under documentation for 115.17(a).)

115.17(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, also states, “Before hiring new employees the human resources staff members or designee shall perform a criminal background records check and contact all prior institutional employers when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse...”

The following hiring policies also have a PREA component: D2-2.1, Selection Procedure – Merit Appointments, page 8; D2-2.2 Background Investigations, pages 2, 4, 5; D2-2.8 Promotional Appointment, page 3; D2-2.10 Re-Employment Appointment, page 3; D2-13.1 Volunteers, page 6; D2-13.2 Student Interns, page 4. Each of these policies has the following statement, “A background investigation shall be conducted in accordance with the department procedure regarding background investigations.”

The human resource at MECC states that criminal background checks are done for all newly hired and returning employees. While onsite the auditor reviewed a “PREA Checks” log for all promotions, and rehires from September 2015 – March 2107.

115.17(d) D2-2.2, Background Investigations, defines a staff person as any person who is employed by the department on a classified or unclassified basis (permanent, temporary, part-time, hourly, per diem) and are paid by the State of Missouri’s payroll system; contracted to perform services on a recurring basis within a department facility (such as medical services, mental health services, education services, vocational services, substance abuse services, etc.) pursuant to a contractual agreement and has been issued a permanent department identification card; a volunteer in corrections; a student intern; or issued a permanent departmental identification or special access card or special access in accordance with department procedure regarding staff identification.”

The facility’s human resources reported the following, “MULES and PREA checks are done on all promotions and rehires. I have a PREA log book that I use to keep track of who I have contacted.” (**NOTE:** MULES is similar to NCIC and pulls countywide arrests.)

115.17(e) D2-11.14 Annual Employment Requirements reads, “Each calendar year, in the month following each staff member’s birth month, specific employment requirements verifications should be conducted; a criminal history check shall be conducted to include outstanding warrants...” The policy goes on to read, “Criminal history checks will be conducted and will consist of a query through the Missouri Uniform Law Enforcement System (MULES), and the National Criminal Information Center (NCIC) system. Staff members conducting the Missouri Uniform Law Enforcement System and National Criminal Information Center checks will document the name and title of the requestor and the reason for the request on the criminal history record log/printout. When adverse findings are not, the CAO will be notified and copied on the criminal history printout.”

Policy D2-2.2 Background Investigations reads, “A check will be conducted on the active employee through Central Office Human Resources to inquire if there has been any formal discipline for substantiated allegation(s) of sexual abuse and/or harassment of an offender or resident. All sustained allegations will be considered by the department before an employee is considered for other appointments.”

115.17(f) The auditor also reviewed the employee handbook. On page 18, “Employee Conduct – Reporting Criminal Misconduct (Arrest)” states, “Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest ranking staff member available. In this context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation.

The human resources stated that it specifically listed on their applications that all arrests are to be reported to the facility.

115.17(g) On page 45 of the employee handbook, “Employee Discipline,” it states, “Appointing authorities of the Department are authorized by state law to discipline employees. Disciplinary action may consist of a written reprimand, suspension, demotion, or dismissal. The appointing authority may discipline an employee based upon unsatisfactory performance of job duties or misconduct...In addition to these actions while on duty, an appointing authority may discipline an employee for off duty misconduct, especially misconduct that is unprofessional or criminal. Employees who have been charged with a criminal offense may be suspended while the charge is pending.”

115.17(h) Policy D2-5.1 “Maintenance of Employee Records”, page 7, Section (III)(K)(3) states, “A verification of information, other than

public information, will be made with a written authorization from the employee. Verification may include inquiries from prospective institutional employers pertaining to sustained allegations of sexual abuse and/or harassment of an offender or resident during employment by the department. Such information will be obtained by contracting central office human resources.”

Standard 115.18 Upgrades to facilities and technologies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.18(a) N/A MECC has not acquired a new facility or made a substantial expansion to the existing facility since August 20, 2012. MECC last PREA audit was September 30, 2015.

115.18(b) PREA Annual Report Protocol “At least once a year, the facility must evaluate their need for additional cameras and monitoring systems.”

While touring the MECC it was noted that the facility camera placement along with direct supervision of the staff reduced blind spots and enhanced the safety of the offenders housed at this facility.

Standard 115.21 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC is responsible for conducting administrative and criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). Investigations conducted at MECC follow a uniform evidence protocol. This protocol is also developmentally appropriate for youth.

Forensic medical exams are offered without financial cost to victims. All exams, where possible, are conducted by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners. If they are not available qualified medical professionals conduct the exams.

Qualified Staff trained as victim advocates are made available to all victims.

115.21(a) Auditor reviewed MECC’s “Evidence Procedure Manual.” Evidence collection is based on nationally recognized protocols for collection and preservation of evidence as discussed in the “A National Protocol for Sexual Assault Medical Forensic Examinations.” The State PREA Coordinator reports, “We didn’t use a specific source; we follow the national standards based on training received.”

Corizon Health is responsible for providing all medical and mental health services to offenders placed in the custody of MDCO. They are responsible for conducting initial medical exams on all sexual abuse cases. Auditor reviewed the contractual requirements MDOC has with Corizon. On pages 42 and 43 of the contractual requirements, it reads “Corizon will comply with the Prison Rape Elimination Act of 2012 PREA Audit Report

and will follow and enforce the MDOC's D1-8.14 Offender Sexual Abuse and Harassment policy with the assurance that access to medical and behavioral health care will be provided immediately, upon report or discovery, to victims of sexual misconduct. Corizon's medical and behavioral health care staff will contribute to a coordinated response to all allegations of sexual abuse by relaying, to the designated MDOC administrative staff, information pertinent to the well-being of the offender(s) for investigative purposes. Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treatment. Corizon has contracts and access through HealthLink for accessing SANE/SAFE providers. Appropriate follow-up for prophylactic treatment and referral to mental health staff will be completed upon return from the crises center."

During the interviews of random staff all stated they would secure and separate the offenders. They explained they would not allow anyone to shower, get a drink or change clothes. They stated they would secure the scene and notify their supervisor. While some of the staff was not sure who was responsible for conducting the sexual abuse investigations, they all knew their role in preserving evidence.

115.21(b) Evidence collection is based on nationally recognized protocols for collection and preservation of evidence as discussed in the "A National Protocol for Sexual Assault Medical Forensic Examinations." The State PREA Coordinator reports, "We didn't use a specific source; we follow the national standards based on training received." The State Coordinator also reports this protocol is appropriate for youth.

115.21(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (G) Health Services Care, pages 17 – 20, states "Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment. When conducting a medical assessment of any victim or alleged or suspected perpetrator of an incident of sexual abuse or sexual harassment health services staff members may not collect evidence but shall assist in the preservation of items related to the incident. Health services staff members should screen victims for obvious physical trauma, and at that time provide emergency medical care. If an allegation of offender sexual abuse is made within 72 hours of the event and consists of penetration of the mouth, anus, buttocks or vulva, of any kind, however, slight, by hand finger, object instrument or penis, the victim should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible, for gathering of evidence. If it has been greater than 72 hours since the alleged abuse, and the alleged victim has not showered, they should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible for gathering of evidence. Health services staff members should contact the shift commander and the community emergency room to arrange transportation to the emergency room in accordance with institutional services procedures regarding offender transportation, hospital and specialized ambulatory care. If the victim has showered and it has been more than 72 hours since the reported assault, the physician should determine treatment and whether or not the victim will be sent off site for a forensic exam. For investigative purposes, the investigator may choose to have the victim sent out for a forensic exam."

Corizon has trained several of their nurses to conduct SANE exams in specific regions of Missouri. To date Corizon has 32 certified SANE nurses – MECC has one of these nurse assigned to the facility. The auditor reviewed the following information from the SANE Planning and Implementation Team Report:

"The SANE Planning and Implementation Team was impaneled to ensure the agency's coordinated response to sexual abuse is revised, staff from all divisions are aware of their role and responsibility when responding to allegations of sexual abuse and that the SANE protocol is successfully implemented in prisons across the state.

SANE Nurses:

- Corizon will maintain a list of SANE nurses by region: Northwest, Central and Southeast. The PREA Unit will post the most recent listing on the PREA intranet page and email the list to the facilities.
- All SANE nurses will be issued a "Special Access" identification to alert security staff that the nurse has been approved for work at multiple prisons.
- When arriving at a prison to conduct a forensic exam, the SANE will have a clear tote which contains materials necessary to conduct the forensic exam. The tote will have a laminated list of its contents on the top of the tote. The PREA Unit will post the most current list of the SANE tote contents on the PREA intranet page and email the list to the facility.
- Consent from the victim is required to conduct a forensic exam. If the victim does not consent to the exam, the victim will receive be offered medical, mental health and advocacy services. The investigation will proceed.
- The SANE will conduct the forensic exam which includes details of the abuse, digital photographs of any injuries noted during the exam, collections of biological evidence utilizing a sexual assault evident collection kit and the completion of the State of Missouri's Sexual Assault Forensic Examination Program Report.
- It should be noted, that SANE Nurses will only collect forensic evidence from victims. Evidence from a perpetrator will be collected by the Office of the Inspector General by consent or court order.
- In the unlikelyhood that a staff person is the perpetrator, the victim will be transported to a community hospital for the forensic exam.

Forensic Exams and Security:

- If a victim is escorted to medical in handcuffs, the handcuffs will be removed unless the victim's behavior appears to present a safety concern for medical staff. In such a case, the shift commander has the discretion to require the offender to remain in cuffs during the procedure.
- Privacy screens will be utilized during the forensic exam. The screen will afford the victim a degree of privacy while still allowing officer to hear and provide security during the procedure.

Flow of events:

- An offender makes an allegation of penetration.
- The shift commander is immediately notified and the coordinated response is initiated. Shift commander notifies the following staff by phone: CAO of the facility, CO Duty Officer, Investigator and PREA Site Coordinator.
- The offender is escorted to medical.
- If the event is alleged to have occurred within 120 hours, the offender has not showered or a forensic exam is otherwise indicated, the SANE protocol will be initiated.
- Medical will ensure the on call SANE nurse is notified and request the nurse's ETA. The SANE is required by policy to report to the facility within 3 hours of notification.
- Medical will communicate with the shift commander the name of the SANE nurse and the nurse's ETA.
- Shift Commander will notify the investigator, mental health staff and the advocate of the ETA of the SANE nurse.
- Where applicable, the community advocate will be notified. If the community advocate is unavailable, the chaplain on rotation will be call to report to the facility.
- The advocate will provide support to the offender prior to the forensic exam and during if requested.
- The investigator will conduct a brief fact gathering interview with the victim prior to the exam.
- Following the forensic exam, the victim will be assessed by mental health.
- The SANE nurse will give the camera to the investigator who will transfer the photos taken of the injuries noted during the exam to DVDs for the medical file and the investigative file.
- The SANE nurse will provide the investigator copies of all reports completed during the exam."

Effective September 1, 2016, cases involving the need for a forensic exam will no longer be out counted. In the past 12 months, there have been no SANE exams conducted for MECC.

Beginning October 13, 2016, MECC's coordinated response was modified to reflect this change: "If the victim sustained injuries that requires emergency room care or if alleged perpetrator is a staff member, the victim will be transported to Parkland Hospital #573-756-6451 with a SANE program for evaluation and a sexual assault exam. If the victim does not have serious injuries, and the victim consents to the sexual assault exam. Notify the SANE nurse. The ETA of the SANE nurse should be obtained. Notify the Shift Commander of the initiation of the SANE protocol and the ETA of the SANE nurse. SANE nurse will: Report to the facility within 3 hours of initial notification when possible. Conduct the sexual assault exam. Provide a copy of the report and the photos to the investigator. If after speaking with the investigator the victim refuses to consent to the exam, medical will have the offender sign the medical refusal form which will be forwarded to the PREA Site Coordinator to be included in the PREA Event File."

115.21(d)(e) In addition, policy D1-8.13, "Offender Sexual Abuse and Harassment," Section III (K) page 20, addresses Advocacy. It states, "Each facility shall offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention and be available during the investigative process. Each facility shall attempt to enter into a memorandum of understanding with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a memorandum of understanding with the advocacy center, the attempt shall be documented and advocacy services shall be sought from a community based organization qualified to provide such services. When the facility cannot successfully enter into a memorandum of understanding with an outside community service provider for offender victim advocacy services, a qualified staff victim advocate shall be provided. All staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. All services provided by staff victim advocates to offender victims shall be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee shall serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee shall ensure the continuity of advocacy services in the event the victim is transferred while receiving services."

MECC has does not have a Memorandum of Understanding (MOU) with any local rape crises center. It should be noted that this auditor reviewed an email dated April 19, 2017 from provider, Alive of Franklin County, to the Assistant PREA Coordinator. This emails stated the provider would be contacted MECC to discuss programs they have to offer.

During the tour of MECC information about outside emotional support services, such as Just Detention International, was posted throughout the facility.

Most of the inmates interviewed stated they were not aware they could have access to an advocate if a PREA allegation was reported.

RECOMMENDATIONS: It is recommended that offenders are re-educated about emotional support services available at the facility. One way this can be done is during meetings between offenders and their case managers. Case managers can have this information readily available in their offices if they receive a report that sexual abuse has occurred.

The audit did review a blank “Consent for Facility Advocacy Services.”

115.21(f) N/A The Missouri Department of Corrections conducts all offender sexual abuse and harassment investigations. All allegations that appear to be criminal are investigated by the Office of the Inspector General. Sexual harassment investigations as well as investigation regarding pat searches are investigated by the facility’s Administrative Inquiry Officer (AIO) who reports to the warden.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency ensures that administrative or criminal investigations are completed on all allegations of sexual abuse and sexual harassment. All allegations of sexual abuse or sexual harassment are referred to the Inspector General for review. They determine if a criminal investigation is to be opened. If they do not open a criminal investigation, the warden then refers the case for administrative investigation.

115.22(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (H) Investigations, page 20-21, states, “The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department’s intranet website...”

See also policy D1-8.4 Administrative Inquiries, page 6, reads “The offender sexual abuse coordinated response will be initiated on all allegations of offender sexual abuse or harassment, including anonymous and third party allegations, in accordance with the department’s procedure regarding offender sexual abuse and harassment...Allegations of category II or III behaviors will be processed in accordance with the department procedure regarding the investigation unit responsibilities and actions. Allegations of offender abuse related to pat searches will be handled in accordance with the PREA coordinated response protocol. The office of inspector general may conduct investigations associated with pat searches depending on the nature of the allegation.”

During the past twelve months, MECC received two allegations of sexual abuse and sexual harassment. Of these cases two resulted in administrative investigations and zero were referred for criminal investigations.

115.22(b) Policy D1-8.1 Investigation Unit Responsibilities and Actions define offenders’ sexual harassment by a staff member and staff member sexual misconduct. On page 7 of this policy it reads, “The facility shall report all allegations of sexual abuse, including third-party and anonymous reports, in accordance with the department procedure addressing offender sexual abuse and harassment. If the department receives notification from another agency that an offender alleges to be a victim of sexual abuse or harassment while incarcerated in the department, an investigation or inquiry may be conducted in accordance with investigation unit responsibilities and actions or administrative inquiries procedures.”

115.22(c) Policy D1-8.13 Offender Sexual Abuse and Harassment can be found on MDOC website at <http://doc.mo.gov/OD/PREA/php>

Standard 115.31 Employee training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC trains all employees who have contact with inmates on the 10 elements identified in this standard. MECC reports that 404 staff members have been trained in

115.31(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (4), page 8, covers training requirements for new staff, current staff, part-time employees, volunteers, contract staff members and vendors. "All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years, in which an employee does not receive training, the department's PREA coordinator shall provide current information on sexual abuse and sexual harassment policies. Part-time employees, volunteers and contract staff members shall receive PREA specific training to their classification as determined by the appropriate division director and chief of staff training. Vendor contractors shall be escorted by a staff member at all times or shall receive PREA training prior to entering the facility. Contracted residential facilities shall ensure all staff are trained on PREA as outlined in the residential contract. Work release supervisors shall receive specific PREA training during their offender work release procedure training."

Auditor reviewed the following curriculum: Basic Training, dated November 2013; and PREA 2014 Refresher Training. Both the Basic Training and the Refresher Training curriculum contained the 10 elements required in this standard.

All staff interviewed during this audit was able to describe major portions of the training they received on PREA.

115.31(b) Policy D1-8.13 Offender Sexual Abuse and Harassment also reads, "All new staff member who shall be placed at a male facility will receive Working with the Female Offender training prior to being placed on post. A staff member shall receive additional training if they are reassigned from a facility that houses only male offender to a facility that houses only female offenders. A staff member shall receive additional training if they are from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional training occurred more than two years prior to the time of assignment."

Policy D2-2.13 Transfer of Employees (E), page 6, covers training requirements for staff that transfer between facilities.

115.31(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (B) (4) reads, "All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years, in which an employee does not receive training, the department's PREA coordinator shall provide current information on sexual abuse and sexual harassment policies."

Auditor reviewed ten random staff files and found certificates of completion, as well as, signed acknowledgments indicating that staff understood the PREA training received.

Auditor was also advised, "The department utilizes several avenues to ensure staff are kept informed about sexual abuse policies and practices between trainings. The department's policy and procedure unit is responsible for forwarding all new and revised policies to all staff. MDOC ensures the PREA intranet page is kept up to date. This page is readily available to all staff and contains all things PREA." (Auditor was provided an example of what this page looks like.)

115.31(d) Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, "All completed PREA trainings shall require a PREA Acknowledgement form or PREA basic training acknowledgement form stating the staff member understood and completed the training. This form shall be routed through the facility-training officer or regional training coordinator. The facility training officer or regional training coordinator shall send the original PREA acknowledgement form to the central office human resources personnel for retaining in the employee's personnel file..."

Standard 115.32 Volunteer and contractor training

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

115.32(a)(b) Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, "Part-time employees, volunteers and contract staff members shall receive PREA specific training to their classification as determined by the appropriate division director and chief of staff training. Vendor contractors shall be escorted by a staff member at all times or shall receive PRA training prior to entering the facility. Contracted residential facilities shall ensure all staff are trained on PREA as outlined in the residential contract. Work release supervisors shall receive specific PREA training during their offender work release procedure training."

Auditor reviewed the following curriculums:

- PREA Basic (This is the same training that all staff receive.)
- Volunteers in Corrections Basic Training (6 hour course)
 - This course teaches volunteers to identify the characteristics of a PREA victims and perpetrator and how discrimination and harassment may affect the workplace.

Offenders Work Release Supervisor Training (5 hour course)

- This course teaches signs of offender sexual abuse and to identify appropriate responses to be taken by staff when there is an allegation of sexual abuse. In March 2016, 26 participants completed this course and the auditor found signed acknowledgments for every participant.
- The Profession of Corrections and PREA (2 hour course)

115.32(c) Auditor reviewed random acknowledgements of receiving and understanding the Annual PREA Refresher from records maintained by MECC. The auditor reviewed eight random acknowledgements signed by Corizon staff and three acknowledgements signed by work-release staff.

Standard 115.33 Inmate education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC provides information to inmates at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and harassment.

115.33(a) Memo from Director of Division of Adult Institutions, dated 4/11/2012 to all Wardens discussed PREA – Offender Education. This memo stated that "Speaking Up" video must be shown during formal orientation at all Reception and Diagnostic Facilities and again when they arrive at mainline facilities. They must also receive the PREA brochure "Offenders Sexual Abuse: What you need to know."

Auditor toured the MECC intake area. Intake staff stated that PREA information is provided to all within 24 hours of arrival. The auditor

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was advised, "They arrive on Tuesday afternoons and Wednesday is the day we do PREA education. It is always done within 72 hours." They do not leave intake without watching the PREA video. They are also given a brochure at this time.

When talking with inmates at MECC, all stated they watched the PREA video and received PREA information within a day of arrival. They could not remember exactly what it was; however, they do remember talking about PREA.

From April 2016 to April 2017, 765 offenders have entered MECC and received PREA education material.

115.33(b) Auditor also reviewed three random signed inmate acknowledgments.

MECC provided a member dated April 2017 from classification staff to the Deputy Warden that reads, "It's mandatory that all R/Os attend orientation the next morning at 8am after arriving at MECC on Tuesday or Thursday on transfer days. Offenders watch the new PREA Video, receive Offender Sexual Abuse & Harassment Brochure, Receive R&O Information Packet with PREA, Staff Sexual Misconduct and Harassment section and last offenders sign the Offender Sexual Abuse and Harassment Acknowledgement form. The Offender Sexual Abuse and Harassment form is filed in the offender class file, and all the above is logged in offender Chrono."

115.33(c) Auditor reviewed an email sent out to all Site Coordinators from the Statewide PREA Coordinator on August 12, 2013. This email contained the following directive: "Don't forget that sometime between August 8 and August 13, every offender in your facility must receive a PREA brochure and sign the acknowledgement form. I have attached the memo that you received during the meeting that will outline how to order additional brochures or acknowledgment form. Also...we learned during the DAI meeting that everything can be purchased with canteen funds."

115.33(d)(f) Policy D1-8.13 Offender Sexual Abuse and Harassment Section III (C) 6, page 12, discusses Offender Education must be provided in the native language of the inmate and in formats that deaf, visually impaired or otherwise, can understand. It also states, "Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If the documents are unable to be translated in the offender's native language the department's PREA site coordinator or designee shall work with additional staff to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through the PREA posters, the offender rulebook and the offender brochure on sexual abuse and harassment in accordance with the institutional services procedure regarding diagnostic center reception and orientation."

MECC provided examples of PREA brochures and posters in the following languages: English, Japanese, Serbo Croatian, Spanish, Vietnamese, Russian, Simplified Chinese and Traditional Chinese. Brochures are also available in large print and braille. There are also written transcripts of the video "Speaking Up for Female Offenders" in English and in Spanish.

Throughout the tour the audit team viewed PREA informational posters in all living units and other areas inmates gathered. These posters were in English and Spanish.

115.33(e) Auditor also reviewed information placed on MECC inmate television outlining the zero tolerance policy and how to report a PREA allegation or concern.

Standard 115.34 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC requires that investigators be trained in conducting sexual abuse investigations in confinement settings. Agency maintains documentation of such training.

115.34(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (5), page 8, states, “All new investigators and administrative inquiry officers (AIOs) or designee assigned to investigate sexual abuse allegations shall receive specialized PREA Training by the designated inspector general’s office staff members.”

115.34(b) Auditor reviewed the curriculum “Investigating Offender Sexual Abuse in Confinement Settings,” 36 hour course designed for Inspector General staff and Investigators. This curriculum was last revised September 24, 2012 and covered the following topics:

- Techniques for interviewing sexual abuse victims (Module 4 “Investigating Allegations of Sexual Abuse,” pages 12 – 16)
- Proper use of Miranda and Garrity (Module 2 “State Laws and Policies” pages 22 – 26)
- Criteria and evidence required to substantiate a case for administrative or prosecution referral (Module 4 “Investigating Allegations of Sexual Abuse” page 8 -11 and pages 18 -30)

This training curriculum also included a module titled “Mock Crime Scene Investigations” wherein participants took what they learned in previous modules and applied it a practice setting.

115.34(c) The auditor reviewed training logs from January 2013 through September 2014 and found that 56 investigators had been trained statewide. The Investigators also signed acknowledgments stating they received and understood this training. This training roster included the investigators assigned to MECC.

Standard 115.35 Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC has a policy related to training of medical and mental health practitioners who work regularly on its grounds. They do not provide forensic examinations. Regional SANE nurses provide forensic exams from Corizon.

115.35(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) page 9, states, “Medical and mental health staff members shall receive annual specialized PREA training.”

Auditor reviewed curriculum “PREA Specialized Medical/Mental Health Professionals” dated September 2012. This course is worth four hours and covers the following topics:

- How to detect and assess signs of sexual abuse and sexual harassment (pages 17 – 19)
- How to preserve and physical evidence of sexual abuse (pages 20 -22)
- How to respond effectively and professionally to victims of sexual abuse (page 23)
- How to and whom to report allegations and suspicions (page 15 – also addresses mandated reporting)

During this training, participants also viewed an eleven-minute film titled “Maintaining Professional Relationships with Offender.” After viewing this film, participants were required to sign an acknowledgement form stating they viewed and understood the film.

115.35(b) N/A The medical staff at the facility to not conduct forensic exams.

115.35(c)(d) Auditor reviewed training information that 30 medical and mental health employees received a PREA refresher. Medical/Mental Health Staff states their staff is required to attend the CORE training provided by the facility. Staff interviewed articulated what was provided in training and were able to discuss their responsibility as mandated reporters. Each staff member interviewed was able to explain MECC’s coordinated response. Auditor also reviewed three random signed acknowledgments and certificates.

Standard 115.41 Screening for risk of victimization and abusiveness

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC has policy that addresses risk assessment screening upon admission to their facility as well as addresses reassessment requirements.

115.41(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C), pages 10 -11, states "Facilities shall assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure...Offenders shall be assessed within 72 hours of arrival. Offenders shall be reassessed within 30 days of arrival."

The period for administering the Internal Risk Assessment is also found in IS & SOP version of 5-2.3, Offender Internal Classification. On page 3, Section C (1), states, "Once an offender is received at the reception and diagnostic center, staff members will have seventy-two hours to complete an internal classification. In this same policy on page 4 in Section D (2) states, "CCM's will conduct a new internal classification within 72 hours at that facility and the offender will be housed in accordance with their new internal classification score."

The risk assessment tool is completed on all arrivals within 72 hours, unless they sign the refuse to participate form. They are also reassessed at the 30-day mark to see if any changes have occurred. (Auditor did reviewed an example of "Refusal to Participate" form that inmates can sign if the refuse to participate in the risk assessment. Inmates are also told no sanctions will be given for refusal to participate.)

Inmates that were interviewed stated they remembered being asked a "bunch of questions" at when they were at intake. They reported they were asked about prior sexual abuse, if they had ever been incarcerated before and if they were gay or bisexual

There were 765 inmates entering MECC within the past 12 months were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. All assessments were completed in a timely manner and according to standards.

115.41(c)(d)(e) Auditor reviewed MECC's risk screening tool and found all 10 elements in this standard were covered. Auditor also reviewed random assessments and found that they were completed within 72 hours of intake and also conducted another random sample of 30 day reassessments and found they were completed within the required time frame. This tool has been adopted by MDOC and is used in all of their state operated facilities.

Auditor also reviewed the "The Adult Internal Risk Assessment Manual" which contained relevant information on how to complete the internal risk assessment. For example this manual contained information found in agency policy for example information on reassessment requirements can be found on page 8 and on page 9 a user can find information on how to interview an offender to obtain the information necessary to accurately completing the assessment. The manual was well laid out, provided explicit instructions on how to score the assessment and included screen prints on how to enter the assessment into the facility's database.

All offenders are assigned one of the three following scores:

- Alpha – high potential for sexual perpetration
- Kappa – not a high risk for either sexual victimization or perpetration
- Sigma – high risk for sexual victimization

115.41(f)(g) Policy IS5-2.3, Offender Internal Classification, reads, "CCM's will complete a second internal classification within 30 calendar days of the offender's arrival to the facility..."

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (C)(1), pages 10, states "The offenders risk level shall be reassessed when warranted due to referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offenders risk of sexual victimization or abusiveness."

Also on page 4 of this same policy in Section D (3) it states, "A second internal classification will be completed within thirty calendar days of

the offender's arrival at the reception and diagnostic center, if they have not been transferred. If there is a change in the offender's internal classification score a case manager will review the offender's housing assignment to determine if a change in bed assignment is required. If an assignment change is required, this must be made on the same day the internal classification is completed. Any time an offender is returned to a diagnostic center this process will be repeated."

115.41(h) Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, "...The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment."

The Adult Internal Risk Assessment Manual also states, "...The Case Manager should attempt to complete the assessment to the best of their abilities. The Case Manager should note in sections requiring offender response "refused to participate" and answer no to those questions. Offenders cannot be disciplined for refusing to answer questions..."

115.41(i) On pages 4 and 5 of Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, outlines how the internal classification scores will be documented. In Section (F) it states, "(1) Upon completion of the internal classification process, a printout of the results will be placed in the offender's classification file in accordance with institutional services procedures regarding classification files and will be maintained in accordance with the departmental procedure regarding record retention. (2) CCMs will enter the offender's internal classification score into the department computer system along with the date of internal classification and their employee identification number in accordance with the internal classification manual."

The Adult Internal Risk Assessment Manual also states, "Click on Assessment Listing (Do not print the final formed version of the assessment). Find the assessment in the Assessment Listing screen for the offender. Click on the file folder icon in the assessment line. This will bring up another window with the assessment summary. Click on the printer icon at the top of the assessment."

Only case managers have access to the information found on the risk assessment. It was reported that line staff do not have access to this information. Intake staff also reported that there is limited access to the information obtained. They also stated that this is in policy.

Standard 115.42 Use of screening information

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC uses the information from the risk screening required by 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Each determination is based on the individual. MECC has three classifications: Sigma (high risk for sexual victimization), Alpha (high potential for sexual perpetration) and Kappa (not a high risk for either sexual victimization or perpetration).

Housing and program assignments for transgender or intersex inmates in the facility are made on a case-by-case basis.

MECC has policy in place that outlines the make-up and actions of a transgender committee. This committee consists of administrative staff, medical/mental health professionals, and the inmate to discuss the needs, housing, shower, and safety issues of the individual. **In the past twelve months, one transgender inmate has been assigned to MECC.**

115.42(a)(b) Policy IS5-2.3 Offender Internal Classification, Section III (C) Diagnostic Centers, page 1, states "The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines." On page 2 of this same policy reads, "Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities."

In this same policy on page 3, housing based internal classification is addressed. It states, "Upon completion of the internal classification, the PREA Audit Report

offender will be housed according to his score in accordance to the internal classification manual. Whenever possible, sigmas should be celled with sigmas and alphas with alphas. If an offender does not have an internal classification score he should be housed with a kappa with similar demographics until the offender internal classification instrument is completed.”

IS & SOP 18-1.1, Required Activities, page 5, Section III (B) (4), states, “Housing unit staff members will utilize the internal classification information to designate required activities assignments for the purpose of keeping separate and/or ensuring the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working or attending programming together in accordance with institutional services procedures regarding offender internal classification. Housing unit staff members will review internal classification information and forward it to the required activities’ supervisor prior to the offender’s start date at the required activity.”

On page 6 of this same policy, states, “The Required Activities Coordinator will notify the work supervisor of the offender’s internal classification information. The work supervisor is responsible for knowing the internal classification of their workers and assign tasks in such a manner to ensure the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working. Internal classification information shall not be used by any staff member to preclude placement of an offender in a required activity.”

SOP D1-8.13 Offender Sexual Abuse and Harassment, page 12, “All housing, cell, bed, education, and programming assignments for transgender or intersex offenders shall be made in accordance with the institutional services procedures regarding offender housing assignments and programming assignments.”

Intake stated that information from the assessment tool is used to determine housing, education and programs. The warden also stated it is the policy and practice of MECC not to house potential victims with potential aggressors.

Housing unit rosters were also reviewed to determine if this practice was currently being followed.

115.42(c)(d)(e)(f)(g) Policy IS & SOP 5-3.1, Offender Housing Assignments, also outlines the Transgender Committee. The policy reads, “Each institution shall convene a transgender committee to determine and review an offender’s classification on a case by case basis. A transgender or intersex offender’s own views with respect to his or her safety shall be given serious consideration. The transgendered committee should meet and have a written recommendation completed within 10 working days of the offender’s arrival at the facility. The recommendation should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the prison rape elimination act (PREA) coordinator for review and approval. A response should be made back to the transgender committee within 10 working days. The transgender committee’s approved written decision shall be maintained in the offender’s classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee will review the housing assignments every six months following the initial determination. Reassessments can be done more frequently as needed on a case-by-case basis. Transgender or intersex offenders shall be given the opportunity to shower separately from other offenders as outlined by SOP.”

SOP D1-8.13, Offender Sexual Abuse and Harassment, page 11, states “Housing assignment for transgender and intersex offenders shall be made on a case-by-case basis by the institutional transgender/intersex committee or designee of the community confinement facilities to ensure the health and safety of the offender in accordance with the institutional services procedure regarding offender housing assignments and the probation and parole procedure regarding risk assessment and housing assignments.”

IS & SOP 5-3.1 Offender Housing Assignments, pages 4 -5 addresses Transgender Housing Assignments. It also states, “The transgender committee is responsible for determining a permanent housing assignment for each transgender or intersex offender, and prior to this assignment shall meeting with each offender to determine his vulnerability within the general population and length of time living as the acquired gender. Transgender and intersex housing assignments shall not be made based solely on genitalia by must consider the offender’s health and safety and the security of the facility through a review of the respective classification, medical and mental health records.”

The auditor also reviewed a copy of the template the Transgender Committee would use to determine housing.

The Warden and the Site Coordinator reported that MECC does not have a designated wing to house transgender or intersex inmates. They stated that if a transgender or intersex inmate would be assigned to their facility, they would be offered separate shower times.

Auditor reviewed notes from the MECC Transgender Committee dated March 10, 2017. The meeting minutes indicated the transgender inmate was present and was asked about her safety with her current housing assignment and shower situation. The minutes state she felt safe were she was currently and the committee recommended no change her housing placement. She is currently housed in general population in HU1.

Standard 115.43 Protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC has policy that prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. In the past 12 months, there has been no inmate placed in involuntary segregation.

115.43(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, (F) Segregated Housing in Institutional Setting, pages 17 -18 states "Following an allegation of offender sexual abuse or if an offender is assessed at being high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include:

- (1) Return to assigned housing.
- (2) Temporary reassignment of staff members.
- (3) Assignment to another housing unit.
- (4) Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim).

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. Offenders who are victims and/or perpetrators in an alleged PREA event will be kept out of sight and sound from each other and be placed in separate wings. If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody."

Policy IS21-1.1 "Temporary Administrative Segregation Confinement" states, "Offenders may be placed in temporary administrative segregation confinement upon recommendation by any staff member and approved by the shift commander when an offender is an immediate security risk....there is an urgent need to separate the offender from others for his/her safety or that of others..."

The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours is zero.

On the day of the audit there were no inmates being held in segregation based on high risk for victimization. The auditor did review five PREA allegation notifications that have been completed in the past 12 months. In looking at the housing placement recommendations, all indicated that alleged victim would remain in the original housing units. Only alleged perpetrators were removed.

Staff reported that they do not to segregate the victim. They stated if involuntary segregation would be used to protect a victim, they would follow agency policy. Staff reported that everything is documented and becomes a part of the classification hearing that is held.

Staff that works in the segregation unit stated victims that request segregation are there less than 30 days unless they (the victim) request a longer stay.

Auditor reviewed the reporting information given to inmate's who enter restrictive housing. This brochure covers how to report a PREA allegation and also provides address for advocates.

115.43(b) MECC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

115.43(c) MECC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

115.43(d) MECC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

115.43(e) MECC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

NOTE: Auditor reviewed MDOC's Segregated Housing for Protective Custody which outlines the an assessment of all alternative housing choices (least restrictive housing) must be conducted prior to placing a victim in segregated housing for protection and that victims of sexual abuse ordinarily not be held in segregated housing for longer than 30 days.

Standard 115.51 Inmate reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC has established multiple procedures for allowing inmates internal ways to report sexual abuse or sexual harassment privately to the facility or to an outside entity. Inmates may report via an informal resolution request, to a staff member, PREA hotline, advocacy agency, or to the Department of Public Safety, Crimes Victims Services Unit. Third party reports are also accepted by MECC.

As of the date of this audit, MECC does not have any offenders who are detained solely for civil immigration purposes.

115.51(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, "Reporting Sexual Abuse or Harassment," pages 14 states, "Each facility CAO's or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff neglect, and violation or responsibilities that may contributed to an incident of offender sexual abuse , to include but not be limited to: informal resolution request (IRR), grievance process, or offender complaint, to a staff member, PREA hotline, advocacy agency, and Department of Public Safety, Crimes Victims Services Unit. All allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure."

Auditor reviewed the offender brochure on "Offender Sexual Abuse and Harassment" which is given out at intake. This brochure outlines the ways inmates can make reports of sexual abuse and sexual harassment. It reads, "Report the abuse to any staff member either verbally or in writing as soon as possible, whether the alleged incidence involved you or not. Call the department's confidential PREA hotline. You can do so at any offender phone by listening to the prompts and pressing "8" or dialing (573) 526-PREA (7732). Write to the Missouri Department of Public Safety, Crime Victims Services Unit, P.O. Box 749, Jefferson City, MO 65102. If you are assigned to a community release center or community supervision center, you may report sexual abuse using the above guidelines or call the PREA hotlines at (855) 773-6391.

Staff was able to articulate the various ways inmates can report sexual abuse and sexual harassment. They stated that all reports are taken seriously. They also advised that they could also call the PREA hotline and make a report. They advised this information was in their employee handbook.

Inmates interviewed were also able to articulate the various ways they could make a report including calling the hotline, telling staff and/or family members. Although they were aware of the PREA hotline, many felt that it was not anonymous. They advised they feel more comfortable reporting to their families.

Information was posted on bulletin boards throughout the facility and in the housing units advising inmates on how to make reports of sexual abuse.

115.51(b) Auditor reviewed the MOU with the Missouri Department of Public Safety. Missouri Department of Public Safety's responsibilities include initiating a SharePoint application that can be shared by DPS and DOC. The DPS shall receive written correspondence of allegations of offender sexual abuse and harassment. All written correspondence received by the DPS shall be assigned a tracking number. The DPS shall record in the SharePoint application the date of the written correspondence is received, the name of the institution, the name of the victim if known and the date the letter is forwarded to the DOC. The DOC shall record in the SharePoint application the date offender letter is received and any action taken. This MOU is ongoing from the date of the final signature until such time as it is deemed unnecessary by either party. The MOU was signed July 25, 2013.

115.51(c) SOPD1-8.13, Offender Sexual Abuse and Harassment, page 14, states, "All allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure. ***SOP: All verbal reports received, offender or staff, will be requested in writing and forwarded to the shift supervisor by the end of the staff member's shift or prior to leaving the institution. Offender's verbal statements should be documented by staff receiving the statement noting the date and time the offender made the statement and what immediate action was taken."

115.51(d) Policy D1-8.9 Crime Tips and PREA Hotlines, page 5, Section III (C) states, "For staff, the department has established a separate crime tips hotline to anonymously report criminal activity, offender sexual abuse, or offender sexual harassment and is received in the office of inspector general. These calls may be answered by a staff member in the office of inspector general or in cases of afterhours calls, the caller may leave a message and a return phone number should they wish to be contacted. Information regarding hotline use for staff will be posted conspicuously in areas routinely accessible to all staff members."

Staff Tips Hotline posters are throughout the facility and are located in the officer work areas, staff newspaper and on the MDOC intranet home.

Standard 115.52 Exhaustion of administrative remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC has an administrative procedure for dealing with inmates grievances regarding sexual abuse. This procedure also allows them to submit a grievance at any time regardless when the incident occurred. If their grievance is against a staff member, they are not required to submit their grievance through that staff member. MECC also outlines, through policy, where grievance cannot be filed.

MECC also requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 70 days of the filing of the grievance. According the pre-audit questionnaire, the agency reported that in the past twelve months, four grievances have been filed. Three of these grievances have been closed and one remains pending at the time of audit.

115.52(a)(b)(c) Policy D5-3.2 Offender Grievance, pages 17-19 addresses PREA Informal Resolution Request, Grievance and Appeal. The following are portions of this policy that supports this standard:

Time limit

- "The department shall not impose a time limit on when an offender may submit a complaint regarding an allegation of offenders'

sexual abuse.”

Informal Process

- “The department will not require an offender to use the informal grievances process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse.”
- “Informal resolution request alleging sexual abuse will be processed normally with the exception of the following: A response should be completed as soon as practical, but no later than 30 calendar days of receipt.”

Against a Staff Member

- “A staff member who is subject of the complaint should not be the respondent.”

Grievance Process

- “Offender grievances alleging sexual abuse will be processed normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt, and, computation of the 30 day time period will not include the days between the offender’s receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee.”
- “Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt, and, computation of the 30 day time period will not include the days between the offender’s receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee, and, an extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided.
- “At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of the offender grievance process”

Third Party Reporting:

- “Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution.”
- “When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing.”
- “Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry.”
- “When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry.”
- “The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf.”
- “If the offender declines to have the request process on his behalf, the case manager shall document the offender’s decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes.”
- “If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure.”

Emergency Informal Resolution Requests

- “Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry.”
- “If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form.”
- “Emergency informal resolution requests will be processed as follows:
 - The offender will request an informal resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure.
 - When a staff member receives the completed informal resolution request form from the offender, the staff member will record

- receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately.
- o Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site coordinator to make the determination if the informal resolution request should be handled as an emergency.
- o The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response.
- o A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form.
- o The initial and final response for the informal resolution request shall document the department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request.
- o If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure."

Policy D1-8.13 Offender Sexual Abuse and Harassment, Page 13 - 14, states "The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse...nor impose a time limit"

Policy D1-8.9 Crime Tips and PREA Hotlines, page 4, Section III (A)(1a) states "The hotlines will not be utilized for complaints, grievances or other unrelated purposes."

SOPDI-8.13 Offender Sexual Abuse and Harassment, page 14, addresses exhausting administrative remedies. It states, "The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit on when an offender may submit a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, administrative inquiries, and investigation unit responsibilities and actions. The department shall ensure that an offender who alleges sexual abuse may submit a complaint to a staff member who is not the subject of the complaint and the grievance or complaint is not referred to a staff member who is the subject of the complaint. Staff members are to address grievances or complaints for allegations of sexual abuse and harassment in accordance with the department procedure regarding offender grievance, administrative inquiries, and investigation unit responsibilities and actions."

Policy D5-3.2 Offender Grievance, page 6, Section III, (E)(2b)(1) states, "Upon approval of the division director or designee, a conduct violation may be issued for threats. This conduct violation will not be viewed as retaliation reprisal." Also on page 6, Section III (E)(4a)(1) it states, "When there is evidence to support an unfounded allegation, the CAO or designee will issue a conduct violation and the CAO or designee will issue a letter of limited filing status."

Auditor also reviewed the following training provided at statewide meeting regarding grievances, "PREA and the Grievance Process."

115.52(d) At this time MECC has not had any grievances where a final decision was not reached within 90 days.

115.52(e) MECC reports they have had no third party grievances filed within the past year.

115.52(f) MECC reports they have had no emergency grievances filed pursuant to this standard.

Standard 115.53 Inmate access to outside confidential support services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC provides inmates with outside access to victim advocates for emotional support services related to sexual abuse by providing mailing

addresses to Just Detention International (JDI) and Rape, Abuse and Incest National Network (RAINN). They also inform inmates prior to given them access to outside supports, the extent to which such communications will be monitored. MECC was unable to enter a MOU with a community provider.

115.53(a)(b) D1-8.13 Offender Sexual Abuse and Harassment, page 19, covers the procedure during the initial assessment with mental health when there is an allegation of sexual abuse and harassment. It states, “During the initial assessment, mental health treatment interventions will be discussed with the victim by the QMHP and will include options such as individual and/or group therapy. The QMHP will explain and offer advocacy services to the alleged victim offender. Advocacy will not be offered for allegations of sexual harassment. The QMHP will document the offender’s acceptance or refusal of advocacy services in the electronic medical record. If the offender refuses advocacy services the QMHP will have the victim sign the refusal of treatment - no show form. If the offender requests an advocate, the QMHP will notify the PREA site coordinator.”

Auditor reviewed the Notice to Offenders Assigned to Administrative Segregation Reporting Allegations of Sexual Harassment. This notice outlined how inmates in Administrative Segregation can still have access to outside emotional support services. Inmates in MECC’s Administrative Segregation can contact JDI, RAINN as well as Missouri Department of Public Safety. They are given the addresses and are instructed they do not have to place their return address on the envelope.

Auditor reviewed a memo dated April 14, 2017 from the warden to all staff regarding outgoing correspondence to Department of Public Safety. It states, “Effective immediately, outgoing offender correspondence addressed to: Missouri Department of Public Safety, Crime Victim Service Unit, P.O. Box 749, Jefferson City, MO 65102, may be sealed and is to be treated as privileged mail. In addition, offenders may send items to this address without placing their name, number, or housing unit etc. in the return address section. To increase confidentiality in reporting, the following procedures will take effect immediately: 1. Case Managers in the Administrative Segregation Unit will make regular round to accept any letters to the Missouri Department of Safety. These correspondences will be hand carried to the Mail Room for inclusion in outgoing mail. 2. Offenders in General Population Units may place mail to the Department of Public Safety in the outgoing mail box. Officers in General Population Unit who may see a letter addressed to the Department of Public Safety will forward the item to the Mail Room, even if there is no identifying information in the return address section. 3. The Mail Room will check to ensure the address of the Department of Public Safety is correct, they will then stamp the item with “Mailed from Missouri Eastern Correctional Center” and include the return address. The mail will be sent out unopened. Letters returned by the US Postal Service will be sent to my office for disposition. Your cooperation and adherence to this directive is both expected and appreciated.”

It should also be noted that the advocacy posters also state, “Be aware: Per department policy, mail will be subject to examination and phone call may be monitored.”

Interviews with inmates resulted in mixed responses in when it came to the discussing availability of advocates. Most stated they knew they were available but was unsure how to access them if needed.

RECOMMENDATION: Have the Case Managers re-educate inmates when they meet with them: just as staff need PREA refreshers so do inmates. Have them do a brief PREA refresher that covers reporting and advocacy availability.

115.53(c) MECC reports, “Missouri Eastern Correctional Center does not have any outside Advocacy Services available. However, it has been approved by our Central Office to allow the Chaplain to act as an advocate. He has only had one request, on a case that was found to be unsubstantiated by the Investigator.”

MECC has does not have a Memorandum of Understanding (MOU) with any local rape crises center. It should be noted that this auditor reviewed an email dated April 19, 2017 from provider, Alive of Franklin County, to the Assistant PREA Coordinator. This emails stated the provider would be contacted MECC to discuss programs they have to offer.

Standard 115.54 Third-party reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

MECC provides a method to receive third party reports of inmate sexual abuse or sexual harassment. Family members can make report via information found on MDOC website. They can either email or make a phone call.

115.54(a) Policy SOPD1-8.13 Offender Sexual Abuse and Harassment, Section III (D)(2), page 14 states, “All allegation including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlines in this procedure.”

Auditor verified that reporting information is on the MDOC website. The URL is <http://doc.mo.doc/OD/PREA.php>. This site has an email address and a phone number available to the public.

Standard 115.61 Staff and agency reporting duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC requires all staff to report immediately any knowledge or suspicion of any incident of sexual abuse or sexual harassment. This is also in their policy.

115.61(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, page 7, “The CAO or designee shall control the dissemination of sensitive information related to offender sexual abuse to ensure the offender is not exploited by staff members or other offenders. Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members shall inform offenders of the practitioner’s duty to report at the initiation of services. Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions.”

Policy D2-11.10, Staff Member Conduct, not only states that staff members must obey all laws but on page 7, Section III, (D1&2) states, “Staff members having knowledge of any instances of offender or resident abuse or sexual contact with an offender or resident shall immediately report such to the inspector general in accordance with the department procedures regarding offender physical abuse and offender sexual abuse and harassment. Staff members must immediately report any misconduct through the appropriate chain of command. If there is reason to believe that any staff member in the chain of command may be involved in the alleged misconduct, the staff member should report the matter to the next higher level of management in the department.

MECC requires all staff to report immediately any knowledge or suspicion of any incident of sexual abuse or sexual harassment. This is also in their policy.

Staff members interviewed reported they have a duty to report. They also reported are just as liable for failing to report sexual abuse and sexual harassment as they would be for failing to report any crime.

115.61(c) Policy D1-8.13 Offender Sexual Abuse and Harassment reads, “Medical and mental health staff members shall inform offenders of the practitioner’s duty to report at the initiation of services.”

MECC reports, “Mental Health staff have a list of things that they are required to report if an offender discloses such during an interview. One of the items on that list is any inappropriate sexual contact. Their guideline to follow is called “INFORMED CONSENT.” As of today there have been no incidents to report according to mental health staff.

115.61(d) Policy IS11-32 Receiving Screening Intake Unit, page 5 addresses procedure if the alleged victim is under the age 18 or considered to be a vulnerable adult. The policy states, “Health services staff members shall obtain informed consent from offenders in accordance with institutional services regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. If the offender is under the age of 18, a health service staff member shall report the allegation to the designated local Children’s Division, Department of Social Services under applicable mandatory reporting laws.”

Auditor also reviewed Missouri Revised Statutes, Chapter 217, Department of Corrections, Section 217.410. 1 which states, “When any employee of the department has reasonable cause to believe that an offender in a correctional center operated or funded by the department has been abused, he shall immediately report it in writing to the director.”

Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.005.1, defines a vulnerable person as “any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program.”

Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.163.1, defines mandatory reporting requirements as “Any person having reasonable cause to suspect that a vulnerable person presents a likelihood of suffering serious physical harm or is the victim of abuse or neglect shall report such information to the department. Reports of vulnerable person abuse received by the departments of health and senior services and social services shall be forwarded to the department.”

115.61(e) Policy D1-8.13, Offender Sexual Abuse and Harassment,” page 13 states, “All allegations including anonymous, third party, verbal, or allegations made in writing will be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure.” Page 16 states, “All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist”.

MECC also provided a copy of their PREA Coordinated Response to Offender Sexual Abuse.

Standard 115.62 Agency protection duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC acts immediately if they learn that an inmate is subject to a substantial risk of imminent sexual abuse. In the past twelve months, there have been no inmates that have been reported to be subject to substantial risk of imminent sexual abuse.

115.62(a) SOPD1-8.13, Offender Sexual Abuse and Harassment, page 20, under Segregated Housing in Institutional Setting states, “If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender’s safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units.”

Administrative staff stated that the expectation for all staff is to act immediately if they become aware of an offender being in imminent danger of sexual abuse. This involves beginning the facility’s coordinate response and separate the victim from the alleged perpetrator. The warden also stressed staff are use the least restrictive housing available to secure the victim. The facility’s goal is to keep the victim separate from their reported abuser.

Random staff reported that if such an incident would occur they would immediately secure the alleged victim for safety purposes and contact their supervisor.

MECC reports there have been no incidents in the past 12 months where the facility determined that an inmate was subject to a substantial risk

of imminent sexual abuse.

Standard 115.63 Reporting to other confinement facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility that the Warden must notify the head of the facility where the sexual abuse is alleged to have occurred. Notification is to be made as soon as possible but no later than 72 hours after receiving the allegation.

They also have a policy that states that allegations received from other facilities are investigated in accordance with PREA standards.

116.63(a)(b)(c)(d) Policy D1-8.13 Offender Sexual Abuse and Harassment, page 16 states, "Upon receiving information that an offender has been sexually abused while assigned at another facility the coordinated response for offender sexual abuse will be immediately initiated as outlined in this procedure. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA coordinator. The PREA coordinator will ensure notification to the facility is made with 72 hours."

MECC reported that in the last twelve months they have received one report from incoming or current inmates that abuse occurred at another facility.

The Site Coordinator (PCM) reports, "If an offender is currently being held in another facility and he reports that he was assaulted at MECC in 2001, the facility holding the offender would initiate a checklist and send it to the Investigative unit for a decision to investigate or not. The holding facility should notify me and I will review all documentation to determine if we have blind spots, if any of our camera views should be updated, the placement of our staff, and I would let the Investigator know of my findings. If any reports would be made from an outside facility, a checklist would be generated and as much information as possible would be gathered. A phone call or letter would be generated to the facility of occurrence and I would forward all those responses to the Investigator in charge."

MECC reported that in the last twelve months they have received no reports from another agency regarding sexual abuse reported to have happened at their facility.

Standard 115.64 Staff first responder duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC has a Coordinator Response in policy that outlines the duties of a first responder. This coordinated response has all four components listed in this standard.

115.64(a) Auditor reviewed MECC’s Coordinated Response that is a part of policy D1-8.13 Offender Sexual Abuse and Harassment located on page 17. This part of the policy states, “Staff member first responder shall:

- Ensure the safety of the victim.
- Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable.
- Make immediate notification to the shift commander or shift supervisor.
 - In the event of an allegation of a penetration act, the shift commander or shift supervisor shall make telephone notifications and respond as outlined in the divisions' coordinated response to offender sexual abuse protocol.
 - In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol.
- Shift supervisors will copy the email notification with the PREA checklist attachment to necessary WRDCC mental health staff. Shift supervisors will complete and forward (via email and hard copy) the Referral and Screening Note-Health Services form to the mental health staff.”

Auditor reviewed the lesson plan for PREA Basic Training, pages 21 –23 covers first responder responsibilities. It breaks down the First Responder responsibilities by type of event. The three events covered include allegation of penetration that has happened within 72 hours, all other penetrations and allegations of non-penetration events.

Staff all stated that as a first responder their responsibility is to separate the victim from the abuser, allow neither one of them to shower, get a drink or change clothes. They stated they would then call their supervisor who, in turn, contacts the investigators. Staff would also secure the scene and would not allow anyone to enter until the investigators arrived and took control.

115.64(b) All staff are considered to be first responders and are to follow the coordinated response found in D1-8.13 Offender Sexual Abuse and Harassment.

Staff at MECC are all issued a “PREA Card.” This card reads, “PREA INCIDENT REPORTED TO STAFF (Penetration) Do not leave the offender alone. Notify Shift Commander immediately. Do not allow the offender to eat, drink, shower, smoke, shower, brush teeth, or use the restroom. Escort the offender to medical. If incident is crime scene, secure the evidence and the area. Notify medical, mental health, Shift Commander, and the IIO. SC will complete the checklist and make proper notifications. PREA INCIDENT WITNESSED OR REPORTED (non-penetration) Ensure safety of victim. Separate offenders if applicable. Report to Shift Commander who will then initiate the checklist and make all notifications. Notify mental health by the next day. If moved to AD SEG” do not cell victim and perpetrator in same wing.”

Standard 115.65 Coordinated response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC has developed a coordinated response to all sexual abuse incidents.

115.65(a) The coordinated response to offender sexual abuse covers the following topics:

- Role and Responsibilities of Shift Commander, Site PREA Coordinator, First Responder, Mental Health, and Medical
- Exceptions to the protocol

SOPD1-8.13 Offender Sexual Abuse and Harassment includes a section on coordinated response on pages 16 and 17. It states, “CAO or designee shall coordinate actions taken by first responders, medical, mental health, investigators, and administrators in response to all allegations of offender sexual abuse and harassment as outlined in the divisions' coordinated response to offender sexual abuse protocol. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event

checklist. The coordinated response will be completed and distributed as outlined in the Coordinated Response Completion Guide (SOP Reference E) as well as the Coordinated Response to Offender Sexual Abuse (Institutions) protocol (SOP Reference F). Offender/staff interpreters for non-English speaking victims/perpetrators can only be utilized in an exigent circumstance when the event is first reported until an outside interpreter can be arranged. If the allegation is reported directly to a facility administrator the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist.

Staff member first responder shall:

- Ensure the safety of the victim.
- Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable.
- Make immediate notification to the shift commander or shift supervisor.
 - In the event of an allegation of a penetration act, the shift commander or shift supervisor shall make telephone notifications and respond as outlined in the divisions' coordinated response to offender sexual abuse protocol.
 - In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol.
 - Shift supervisors will copy the email notification with the PREA checklist attachment to necessary WRDCC mental health staff. Shift supervisors will complete and forward (via email and hard copy) the Referral and Screening Note-Health Services form to the mental health staff.
- Upon receiving information that an offender has been sexually abused while assigned at another facility the coordinated response for offender sexual abuse will be immediately initiated as outlined in this procedure. If the alleged abuse occurred at a facility outside the Missouri Department of Corrections, the notification checklist will be forwarded to the department's PREA coordinator. The PREA coordinator will ensure notification to the facility is made with 72 hours.
- A coordinated response will be initiated as outlined in this procedure for all allegations of offender sexual abuse that are received from facilities outside the Missouri Department of Corrections."

Administrative staff articulated all components of the facility's coordinated response to sexual abuse and harassment. The expectation outlined by the administration is that every employee should be knowledgeable of the coordinated response and execute the response when needed.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has a labor agreement with Missouri Corrections Officers Association that ends 9/30/2018.

115.66(a) Policy D2-11.6, Labor Organization, page 4 states, "Per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted."

On page 2, Article 2, Management Rights of Labor Agreement between the State of Missouri Office Administration, The Department of Corrections Division of Adult Institutions and Missouri Corrections Officers Association (MOCOA) states, "The right to hire, assign, reassign, transfer, promote and to determine hours of work and shifts and assign overtime."

Standard 115.67 Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC has policy in place to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation from retaliation by other inmates or staff.

In the past twelve months, there have been two reports of retaliation against staff or inmates.

115.67(a)(b)(c)(d) Policy D1-8.13 Offender Sexual Abuse and Harassment, page 14 outlines the protection from retaliation for inmates and staff in the following manner:

- Inmates:
 - The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation.
 - Immediately following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner:
 - The alleged victim and reporter of offender sexual abuse or harassment shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation.
 - For offender victims and offender reporters, monitoring shall include face-to-face status checks by staff members a minimum of every 30 days.
 - The assessment/retaliation status check form shall be used during each of the assessment interviews.
 - If the victim or reporter expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded.
- Staff
 - The PREA site coordinator or designee shall monitor all staff reporters of offender sexual abuse or harassment for a minimum of 90 days. Monitoring shall include but is not limited to monitoring for changes that may indicate retaliation, negative performance reviews, or reassignments.
 - The assessment/retaliation status check form shall be used during each of the assessment interviews.
 - The PREA site coordinator or designee shall ensure all witnesses receive an initial assessment utilizing the assessment/retaliation status check form.
 - Witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring.
 - The witness shall sign the assessment/retaliation status check form showing they have no concerns regarding potential retaliation.

This policy also states, "The PREA site coordinator shall report all evidence of retaliation to the CAO to ensure an inquiry or investigation is initiated in accordance with department procedures. If possible retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual. The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation and/or possible victims of retaliation be offered emotional support services. Emotional services for offender victim, reporters, or witnesses include but are not limited to, case management or referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff reporters or witnesses included but are not limited to, employee assistance program, peer action and care team referral, and/or chaplain referral. All action taken to remedy retaliation or services offered victim or suspected victim shall be noted on the assessment/retaliation status check form. In the event that a victim, offender reporter, or a witness is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment/retaliation status check form to the PREA site coordinator in the receiving institution. The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure. The PREA site coordinator shall ensure the completed assessment/retaliation status check form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring will continue. If released to a field probation and parole office, monitoring will stop. In the event the allegations are determined to be unfounded the agency shall terminate monitoring."

MECC provided copies of "Assessment/Retaliation Status Checklist" forms for their two cases. These monitoring examples show check-ins
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averaging once every 30 days. Both examples reviewed indicated “no harassment or retaliation was reported.” It should also be noted that during the retaliation conduct violations were checked, housing assignments were checked as well as checking to see if there was programming interruption.

Standard 115.68 Post-allegation protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC has policy that prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made. In the past twelve months, there have been no inmates placed in involuntary segregated housing.

115.68(a) SOPD1-8.13, Offender Sexual Abuse and Harassment, pages 19 and 20, under Segregated Housing in Institutional Setting states, “Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include:

- Return to assigned housing.
- Temporary reassignment of staff members.
- Assignment to another housing unit.
- Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim).

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. When an offender is believed to be in substantial risk of victimization, the shift commander will assess the offender to ensure housing in the least restrictive housing. If TASC is determined to be the least restrictive housing the shift commander will note on the TASC order the offender is being placed in Segregated housing due to a PREA risk. The offender will be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator will review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing will not ordinarily exceed a period of 30 days. Every 30 days, the offender will be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody. Administrative and criminal investigation reports will be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention. ***SOP: MECC does not have a protective custody unit and all offenders assigned to TASC as a PREA risk will be evaluated initially via the TASC order and the PREA notification checklist. This will be repeated again with the offender within 72 hours by the administrative segregation committee and, if assigned to segregation, will be evaluated every 30 days by the administrative segregation committee. The administrative segregation committee should note on the Classification Hearing Form (SOP Reference A) the need for further separation and any programs, academic education, or services not provided during the period as a result of the offender’s confinement in segregation.”

MECC’s PREA Segregation Checklist is as follows, “...If the offender is an alleged **victim of sexual abuse**, all Classification Hearing forms **MUST** note his current work, school, and program assignments the offender will be unable to attend while being housed in segregation. If the offender is missing a class due to his confinement in segregation, the Classification Hearing form should say **how many** times they meet

per week or if it is known he has been dropped from the program due to prolonged absence; that should be documented. If the offender's confinement is continued, the Classification Hearing form must document the **reason** assignment to segregation was continued. After the initial hearing the offender should be scheduled for a review date the same as a protective custody status offender and be seen again in 3 weeks. Offender alleged victims and perpetrators will not be housed on the same floor in segregation. Offender alleged victims and perpetrators will not receive recreation or other services at the same time where they would be in contact.

The Site Coordinator reports, "MECC has had no offender placed in involuntary alternate housing. All offenders who were placed in the Administration Segregation Unit after a reported PREA incident asked for protective custody. The majority of our complaints are due to the fact that the offender wants a room move, he is delivering tobacco to the segregation unit, he has a debt he cannot pay, or he is mad at one of the staff for something or another."

If any of the PREA complaints initiated at MECC were from offenders who were already in the Administration Segregation Unit: the staff will ask both offenders if they need protective custody and if they indicate they do, the protocol is initiated.

If two offenders are caught in consensual sexual acts, we separate both offenders and talk to them individually to ensure neither were forced.

Standard 115.71 Criminal and administrative agency investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Inspector General conducts all criminal case investigations at MECC. Administrative agency investigations are also conducted at MECC.

115.71(a) Policy D1-8.1 Investigation Unit Responsibilities/Actions, page 5, Section III (A) (2) (3) states, "The department maintains a zero tolerance policy against offender abuse and offender sexual abuse. The PREA also prohibits sexual misconduct by staff members against an offender and offender against an offender. All such allegations will be thoroughly reviewed for potential investigation. The investigation unit, under the jurisdiction of the inspector general's office, is the investigative unit of the department. This unit conducts investigations in response to reports of violations of Missouri state law and serious violations of department procedure at all facilities throughout the state. The unit works closely with federal, state and local law enforcement agencies and the other divisions within the department to ensure criminal violators are prosecuted. The department may pursue prosecution of any staff member or offender who violates state law."

Page 7 of this same policy states, "The facility shall report all allegations of sexual abuse, including third-party and anonymous reports, in accordance with the department procedure addressing offender sexual abuse and harassment."

Page 10 of this same policy, Section H, outlines the investigators responsibilities. The policy states, "All investigators shall aid and assist in investigations as directed, and to the limit permitted, by the responsible law enforcement agency and the inspector general or designee. Investigators may be assigned outside their normally assigned region to assist in statewide investigations. Investigators shall conduct investigations into all allegations assigned for investigation promptly, thoroughly, and objectively. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical, DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of behavior involving the alleged victim and suspected perpetrator. Medical records or information related to offender sexual assaults and uses of force may be obtained from facility medical practitioners without authorization from central office. The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an offender or employee. Investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attach copies of all documentary evidence where feasible. Administrative investigations shall include an effort to determine whether staff member actions or failures to act, contributed to the behaviors being alleged. The departure of the alleged abuser or victim from employment or control of the department shall not provide a basis for terminating the investigation. When an investigation reveals probable cause that an offender or staff member has committed, or is suspected of committing, an act in violation of local, state or federal law, the investigator conducting the investigation shall note in the investigative report that the case will be forwarded for prosecution consideration, and submit a request for prosecution packet. The

prosecution packet will include at a minimum: the investigation report written by the investigator, a probable cause statement completed by the investigator that conducted the investigation, all relevant documentation associated with the investigation, and other information deemed necessary by the prosecuting attorney's office having proper jurisdiction...CAOs shall impose no standard higher than a preponderance of the evidence in determining whether allegations of offender sexual abuse are substantiated."

115.71(b) Auditor reviewed the training roster from "PREA Specialized Investigator Training" dated January 1, 2013 through September 20, 2014. The roster showed that 56 investigators statewide received this training during that time frame. In October of 2014 17 investigators also attended this training.

115.71(c) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, "All investigators shall aid and assist in investigations as directed, and to the limit permitted, by the responsible law enforcement agency and the inspector general or designee. Investigators may be assigned outside their normally assigned region to assist in statewide investigations. Investigators shall conduct investigations into all allegations assigned for investigation promptly, thoroughly, and objectively. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical, DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of behavior involving the alleged victim and suspected perpetrator. Medical records or information related to offender sexual assaults and uses of force may be obtained from facility medical practitioners without authorization from central office."

115.71(d) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, "When an investigation reveals probable cause that an offender or staff member has committed, or is suspected of committing, an act in violation of local, state or federal law, the investigator conducting the investigation shall note in the investigative report that the case will be forwarded for prosecution consideration, and submit a request for prosecution packet. The prosecution packet will include at a minimum: the investigation report written by the investigator, a probable cause statement completed by the investigator that conducted the investigation, all relevant documentation associated with the investigation, and other information deemed necessary by the prosecuting attorney's office having proper jurisdiction...CAOs shall impose no standard higher than a preponderance of the evidence in determining whether allegations of offender sexual abuse are substantiated."

MECC had zero sustained allegation of offender sexual abuse referred for prosecution.

115.71(e) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, "The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an offender or employee."

115.71(f) Policy D1-8.4 Administrative Inquiries, page 5, Section III, (A) states, "Any staff member having direct or indirect knowledge of a potential category I or IV behavior shall immediately notify the CAO by submitting a report of incident, or memorandum, through the chain of command. A copy of all reports of harassment, sexual misconduct, discrimination, or retaliation should be sent to the employee relations supervisor. Staff members must fully cooperate with all administrative inquiries and must fully and truthfully relate their knowledge of all facts pertaining to the alleged behavior under review. Staff members who are the subject of a criminal investigation are not required to provide incriminating information about their own misconduct. However, in all other cases, staff members must fully cooperate with any investigation or administrative inquiry and truthfully relate their knowledge of all facts."

Pages 5 and 6 of this same policy discuss when an administrative inquiry may be conducted. This policy states, "An administrative inquiry may be conducted when a staff member may have been engaged in category I behaviors, or an offender may have been engaged in category IV behaviors. When the CAO receives information that a staff member may have been engaged in category I behavior, the CAO shall review the information and determine the appropriate course of action... The offender sexual abuse coordinated response will be initiated on all allegations of offender sexual abuse or harassment, including anonymous and third party allegations, in accordance with the department's procedure regarding offender sexual abuse and harassment. Based on the circumstances of the allegation, the CAO may immediately remove or reassign the staff member from having contact with the offender pending the outcome of an investigation, or the determination of whether and to what extent discipline is warranted, or if there is reason to believe the offender is being retaliated against by the staff member."

115.71(g) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, "Investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attach copies of all documentary evidence where feasible."

115.71(h) MECC had 0 sustained allegations of offender sexual abuse and all were referred for prosecution.

115.71(i) Auditor reviewed the Agency Records Disposition Schedule and found that records are retained for 50 years.

115.71(j) MECC had no instances during the reporting period in which a staff member was referred for prosecution.

Auditor reviewed a sample of investigative files at the facility. Investigators interviewed victims, witnesses and the alleged perpetrators. These investigations also included an anonymous report through their Crime Tips hotline. All reports were very thorough and done in a

timely manner.

Standard 115.72 Evidentiary standard for administrative investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC imposes no higher standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

115.72(a) Policy D1-8.4 Administrative Inquiries, page 8, Section III (C) (9) states, "No higher standard than a preponderance of evidence in determining whether allegations of sexual abuse are substantiated."

MECC also provided all investigatory files for this auditor to review. Auditor reviewed all cases of PREA allegations of inmate on inmate sexual harassment and staff on inmate sexual abuse. All reports were well written and thorough. They included interviews with the victim, alleged perpetrator and witnesses. All cases were closed within 60 days.

Investigative staff stated they do not impose a higher standard of a preponderance of the evidence. They reported they take their investigations seriously and that sexual abuse and harassment is not tolerated.

Standard 115.73 Reporting to inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC has a policy requiring that any inmate who alleges that he suffered sexual abuse is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The Inspector General's office conducts all criminal investigations and MECC conducts administrative investigations.

115.73(a)(c)(d)(e) Policy D1-8.13, Offender Sexual Abuse and Harassment, Reporting Outcomes, pages 23 and 24 states, "Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA coordinator shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification or the alleged sexual abuse by staff notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment. The initial notification shall state whether the allegation was substantiated, unsubstantiated, or unfounded.

In the event that the investigation was conducted by an outside agency, the office of the inspector general shall request relevant information from the outside agency in order to inform the offender of the outcome of the investigation. All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the PREA Audit Report

following occurs unless the inquiry or investigation is unfounded:

- (1) Staff perpetrator is no longer assigned to the housing unit.
- (2) Staff perpetrator is no longer employed at the institution or department.
- (3) The staff perpetrator has been indicted on a charge related to sexual abuse within the institution.
- (4) A disposition of charges exists related to sexual abuse within the institution.

Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs.

- (1) The offender has been indicted on a charge related to sexual abuse within the institution.
- (2) A disposition of charges exists related to sexual abuse within the institution.

The departmental PREA coordinator shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender. If the investigation or inquiry involved offender-on-offender sexual abuse or harassment that was substantiated or unsubstantiated, written notification shall be delivered to the offender victim in a confidential manner. The offender shall be offered the notification letter but shall have the right to decline the letter. The original notification shall be signed by the offender or resident and witnessed by a staff member. The original notification shall be forwarded to the department's PREA coordinator for tracking. A copy of the notification shall be provided to the offender. The date the notification letter is delivered to the offender shall be documented in the chronological section of the offender's classification file. In the event the offender is no longer housed in an institution, community release center, or community supervision center the duty to report ends."

Administrative staff reported that it is in policy that all offender victims are notified of the outcomes of their PREA cases. Investigative staff reported that notifications are made and also reported that this is part of policy.

In the past 12 months, MECC and investigators completed two criminal and/or administrative investigations of alleged inmate sexual abuse. Auditor reviewed the notifications to inmates. These notifications were made per this standard and per policy.

115.73(b) N/A MECC is responsible for conducting administrative investigations and the Inspector General's Office has investigators inside the facility to conduct criminal investigations of alleged sexual abuse and sexual harassment.

Standard 115.76 Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC has procedures in place to discipline staff for violating agency sexual abuse and sexual harassment policies. In the past 12 months, there has been no staff member disciplined under this policy.

115.76(a)(c)(d) Policy D2-11.10 Staff Misconduct, page 4, Section III (A) (14) states, "In order to pursue organizational excellence staff members are expected to adhere to the following professional principles and conduct...report inappropriate actions, misconduct, offender or resident abuse, and sexual contact by staff members and offenders or residents to appropriate personnel."

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (N), page 27 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement."

115.76(b) MECC reports no staff member has been terminated or resigned in the past twelve months following a substantiated investigation
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for sexual abuse.

Standard 115.77 Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In the past 12 months, there have been no contractors or volunteers engage in sexual abuse of inmates.

115.77(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment (Page 27 of SOP version) states, "Corrective action for contractors and volunteers: Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility shall take appropriate measures and shall consider whether to prohibit further contact with offenders in the case of any other violations."

Policy D2-13.1 Volunteers, page 11 -13, Section III (G) states, "All volunteers will be familiar with and adhere to the standards for professionalism, conduct, and job performance in accordance with the department policy and procedures regarding employee standards and staff member conduct. All offender sexual abuse and harassment allegations that occur in a department facility involving a volunteer will be referred for investigation. Volunteers may be subject to disciplinary action and/or termination. When disciplinary action is recommended, the volunteer supervisor shall submit documentation to the volunteer site coordinator outlining the reasons for such actions.

The volunteer site coordinator shall provide the CAO with the recommendation and documentation. If the volunteer is a multi-location volunteer, the volunteer site coordinator requesting the disciplinary action shall provide a copy of the documentation to the volunteer site coordinator at the home base location and/or all other additional locations. If the CAO concurs, and the discipline requires suspension, the volunteer will be suspended and notified in writing within 5 working days that he is suspended and that the recommendation for disciplinary action is being sent to the volunteer services coordinator. The CAO shall forward a recommendation for disciplinary action to the supervisor of department volunteer services with all pertinent documentation. The volunteer services coordinator shall determine what, if any, disciplinary sanctions are warranted. Within 10 working days of receipt of the recommendation, the supervisor of department volunteer services shall provide written notice of discipline sanctions to the volunteer, CAO, volunteer site coordinator, and volunteer supervisor at all locations where the volunteer was approved to provide services..."

Administrative staff stated that all contractors and volunteers are subject to the same policies as regular employees when it comes PREA. Staff stated volunteer and contractors are expected to abide by the zero-tolerance culture of the facility. They reported they would be barred until the investigation is complete. If they it is found to be substantiated, they would be terminated and not allowed back in the facility.

Standard 115.78 Disciplinary sanctions for inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

At MECC inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. The facility will offer therapy, counseling or other interventions to interrupt that type of behavior. If an inmate makes a report in good faith, there will no disciplinary action.

115.78(a)(b)(c)(d)(e)(f)(g) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (M), pages 24 and 25 state, “Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender’s disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The disciplinary process shall consider whether an offender’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The mental health notification memo (SOP Reference H) will be completed and forwarded to mental health staff for completion prior to concluding the disciplinary hearing. If found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff member, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders will not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions.”

Policy IS&SOP 19-1.1 Conduct Rules and Sanctions, Section II (Definitions) pages 1 and 2 state, “If the rule violation is a major violation, is serious in nature, threatens the safety and security of the institution, is for sexual misconduct, or involves the destruction of state or offender property the employee should immediately fill out a Conduct Violation Report (Attachment A) and not use an informal sanction.” This policy also defines sexual activity as “Any sexual act; intentional touching, whether done by a foreign object or by physical human contact of a sexual part of another or of self, regardless of whether such touching is consensual, kissing, or fondling; or physical or verbal conduct of a sexual nature.”

This policy also defines forcible sexual misconduct as “Using force, coercion or threats of force to obtain the compliance of another in any type of sexual activity.” It defines sexual misconduct as “Engaging with another in any type of sexual activity; Engaging in the self-touching of one’s sexual parts in view of others and inappropriately exposing one’s sexual parts to others.”

MECC provided a copy of a memo dated August 1, 2013 that was addressed to all Wardens and the subject was “PREA Protocols.” The memo stated, “The date for full compliance with PREA standards is rapidly approaching. When fully implemented, our facilities will be better equipped to detect, prevent, and respond to incidents of offender sexual abuse and harassment. During our DAI Staff meeting yesterday, we discussed the PREA protocols that will move the department towards compliance with the PREA standards. While the procedure revisions are pending, we are implementing the PREA protocols, which were provided to you yesterday, as outlined below: To be implemented for PREA incidents that occur from this day forward: Segregated Housing for Protective Custody, Disciplinary Sanctions and Mental Health...”

MECC reported zero instances of administrative findings of inmate-on-inmate sexual abuse in the base 12 months. They have had zero findings of guilt.

MECC states that inmates are not punished for making a PREA allegation especially if it is made in good faith. Administration reported this is in MDOC policy.

After visiting with mental health staff, it was reported there are no consequences if the inmate chooses not to participate in services.

115.78(c) Auditor reviewed the Disciplinary Sanction Sheet that outlined the disciplinary process for forcible sexual abuse. This process outlines the responsibilities of the Adjustment Hearing Board as well as a Qualified Mental Health Professional. The process also states, “PREA mandates that the disciplinary process consider whether an offender’s mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, shall be imposed. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. In this process it also states that an offender will not be issued a conduct violation for sexual misconduct involving a staff member unless the sexual activity is forced upon the staff member by the offender. In addition it states a report of offender sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation or the allegation is unfounded.”

Standard 115.81 Medical and mental health screenings; history of sexual abuse

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Inmates housed at MECC are offered follow up meetings with medical or mental health professionals if they disclosed any prior sexual victimization. This is also offered to inmates who have previously perpetrated sexual abuse. Informed consent is obtained from inmates unless they are under the age of 18. (MECC does not house youthful offenders.)

115.81(a)(c)(d) Policy DI-8.13 Offender Sexual Abuse and Harassment, page 10, Section III (C) (5), page 12, states, "If the screening indicates that an offender has experienced prior sexual victimization, whether it occurred in a correctional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. ***SOP: Staff completing the assessment shall indicate on the assessment that mental health services were offered and whether accepted or declined in the notes/comments. If question #4 *"At any time, have you ever been the victim of sexual abuse?"* is answered "yes" there must be a comment added regarding mental health services. The case manager conducting the initial adult internal risk assessment will notify the ICMH and the PREA site coordinator to ensure a follow-up meeting is scheduled when the offender agrees to accept services. If the screening indicates that an offender has previously perpetrated sexual abuse, whether it occurred in a correctional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. ***SOP: Staff completing the assessment shall indicate on the assessment that mental health services were offered and whether accepted or declined in the notes/comments. If question #16 *"Has the offender ever been found guilty of any sex offenses with adult victims?"* is answered "yes" there must be a comment added regarding mental health services. The case manager conducting the initial adult internal risk assessment will notify the ICMH and the PREA site coordinator to ensure a follow-up meeting is scheduled when the offender agrees to accept services. Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting."

IS11-32 Receiving Screening – Intake Center, pages 4 -5, Section III (B) states, "If during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment. If the screening indicates the offender has experienced prior sexual victimization and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated and the offender will be offered a follow-up meeting with a medical and/or mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a QMHP within 14 days of the intake screening. Health services staff members shall obtain informed consent from offenders in accordance with institutional services regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18."

Auditor also reviewed the PREA Risk Assessment Manual --- many questions remind users that if marked "yes" they need to contact mental health. For example Question 1 of the Risk Assessment:

1. Have you ever been approached for sex/threatened with sexual abuse while incarcerated? (If the offender offers any information with regards to incident place information in the comments box, it is not necessary to get specific details. Determine if the incident was reported. Has the assailant been added to the victim's enemy listing? Determine if the offender needs Protective Custody or a Mental Health Referral..."

Interviews with inmates stated they knew if they wanted mental health assistance due to a PREA allegation they can request it through their Functional Unit Managers (FUM's.) Inmates stated they have never been denied access to mental health at this facility.

115.81(b)(e) MECC provided a copy of the "AIC Mental Health Referral List 2017." This log tracks all mental health referrals from PREA Audit Report

coordinated responses and information obtained from the risk assessment. It also tracks the offender name, DOC number, date mental health was notified, if services were declined or accepted and if follow-up services were offered.

Standard 115.82 Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Inmate victims of sexual abuse at MECC receive timely, unimpeded access to emergency medical treatment and crisis intervention services. They are also offered information and access to sexually transmitted infections prophylaxis. All services are provided at no cost to the victim.

115.82(a)(b)(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, pages 21 - 24 states, "Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment. Health Services staff member cannot collect physical evidence from a victim or perpetrator following a report of offender sexual abuse but may assist in the preservation of items related to the incident. A sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE) may collect evidence in conjunction with a sexual assault examination. Health services staff members will screen victims for obvious physical trauma, and provide emergency medical care. If the alleged perpetrator is a staff member, the victim will be transported to the community emergency room for a sexual assault examination to be performed by a SANE or SAFE. The offender will be out counted when the incident is alleged to have occurred within 120 hours. If an allegation of offender sexual abuse is made within 120 hours of the alleged event and consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis, health services staff member will: Contact the on call SANE staff member to inform them to report to the facility and determine the staff member's estimated time of arrival. Notify the shift commander that a sexual assault examination is needed and the estimated time of arrival of the SANE staff member. The shift commander will proceed with the coordinated response as outlined in the coordinated response protocol for institutions. The offender will be held in medical when possible until the arrival of the investigator and the victim advocate. Keep the victim separated from the perpetrator by sight and sound at all times. Obtain informed consent from the victim for completion of the sexual assault examination. If the victim refuses a sexual assault exam, health services staff members will educate the offender on importance of sexual assault exams. If the offender continues to refuse a sexual assault exam, documentation of the refusal will be noted on the refusal of treatment - no show form. Document any emergency treatment provided, in subjective complaints, objective findings assessment, and treatment plan (SOAP) format, in the applicable department computer system. Interact with the alleged victim in a neutral and non-judgmental manner. Ask the alleged victim for details of the incident that are important for the provision of health and services. Related documentation of the alleged assault should be released only to the CAO or designee and the institutional investigator.

The SANE staff member will collect evidence according to established forensic procedures for processing and document the exam and finding in the applicable department computer system. If a SANE staff member is not available to conduct the sexual assault examination or if the victim's injuries are such that emergency room care is required, the victim will be transported to the community emergency room with a SANE or SAFE for the sexual assault examination. The health services staff member will notify the community emergency room. The health services staff member will contact the shift commander to arrange transportation to the emergency room in accordance with institutional services procedures regarding offender transportation and hospital and specialized ambulatory care. If the victim has showered and it has been more than 120 hours since the alleged assault, the physician will determine treatment and whether a sexual assault forensic exam is necessary. For investigative purposes, the investigator may direct that the victim receive a sexual assault medical examination by the on-call SANE staff member. Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis will be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims will be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate. If initial disclosure of offender sexual abuse is made to health services staff members, notification will be made to the shift commander to initiate the coordinated response to offender sexual abuse in accordance with this procedure. The reported perpetrator's health record will be reviewed by the health services administrator or designee and referred to the physician for appropriate communicable disease diagnostic testing.

Upon receiving a report of a substantiated case of offender sexual abuse the PREA site coordinator will submit a referral and screening note - health services form to ensure the perpetrator will be assessed by qualified mental health professional (QMHP) within 60 days of learning of such abuse.

If the allegation involves penetration and the offender is receiving a sexual assault exam and/or treatment, a QMHP will assess the victim within two hours of the completion of the exam. If the allegation involves penetration but a sexual assault examination is not indicated due to the lapse of time since the event or the victim has showered, a QMHP will assess the offender within two hours of receiving notification from the shift commander. If the allegation involves non-penetration, mental health staff members will receive a referral and screening note - health services from the shift commander and assessment will be offered within the next business day unless emergent events warrant a more immediate response by mental health staff members. During the initial assessment, mental health treatment interventions will be discussed with the victim by the QMHP and will include options such as individual and/or group therapy. The QMHP will explain and offer advocacy services to the alleged victim offender. Advocacy will not be offered for allegations of sexual harassment. The QMHP will document the offender's acceptance or refusal of advocacy services in the electronic medical record. If the offender refuses advocacy services the QMHP will have the victim sign the refusal of treatment - no show form. If the offender requests an advocate, the QMHP will notify the PREA site coordinator. If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 120 hours within a correctional facility, or 92 hours within a community confinement facility, custody staff first responders will take preliminary steps to protect the victim and will immediately notify the appropriate medical and mental health practitioners. Victims of sexual abuse will be offered timely information and access to emergency contraception and prophylactic treatment for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate. Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Each victim and abuser will be offered medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment plans. When necessary, referrals will be completed for continued care following their transfer to, or placement in, other facilities or their release from custody. Victims and abusers will be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services. Victims of sexually abusive vaginal penetration while incarcerated will be offered pregnancy tests. If pregnancy results, the victim will receive timely, comprehensive information, and access to all lawful pregnancy-related medical services."

MECC's Coordinated Response to Offender Sexual Abuse addresses medical and mental health responsibilities for a penetration event and a non-penetration event.

For a penetration event:

Medical will:

- Assess the offender and process the medical out count to a hospital that utilizes Sexual Assault Nurse Examiners (SANE) to collect forensic evidence for an examination.
 - The listing of SANE hospitals can be found on the PREA intranet page. .
 - If the alleged victim refuses to submit to a forensic examination after speaking with the investigator, medical will have the offender sign the medical refusal form which will be forwarded to the PREA Site Coordinator to be attached to the PREA Event Checklist.
 - Provide follow-up care upon offender's return from the medical out count.

Mental Health:

- Mental Health will respond within 2 hours of the offender's return from the medical out count.

For a non-penetration event:

- Mental health – Mental Health Referral Form – will respond no later than the next business day

Mental health staff state that services start as soon as they are made aware of the need. They also were able to articulate their first responder responsibilities if something were to happen inside the clinic.

115.82(d) Auditor reviewed the contract requirements the MDOC has with Corizon. Pages 25 and 26 outline Corizon's obligations when obtaining medical care services from hospitals. The pages 42 – 45 outlines Corizon's experience with PREA, training regarding PREA, zero tolerance and mandatory reporting requirements if witnessing any form of sexual misconduct. Corizon will not charge victims for any services provided.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC offers medical and mental health evaluations/treatment to all inmates who have been victimized by sexual abuse in any confinement settings. They also offer tests for sexually transmitted infections as medically appropriate. (NOTE: MECC is a male only facility.)

115.83(a)(b)(c)(d)(e)(f) SOP D1-8.13 Offender Sexual Abuse and Harassment, page 22, Section III (G) states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis will be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims will be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate."

Mental Health/Medical Staff stated that physical exams are always done on all alleged victims. They always check to see if there is anything that is reportable. They advised that they do provide services that are consistent with the community.

115.83(g) Policy SOP D1-8.13 Offender Sexual Abuse and Harassment states, "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

115.83(h) Medical also stated that known abusers were referred for mental health evaluations.

Standard 115.86 Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigations, unless the allegation is determined to be unfounded. They do this within 30 days of the conclusion of the investigation. Members of the review team include upper-level management, supervisors, investigators, and medical and/or mental health professionals. The members document their findings and any recommendations they may make.

115.86(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, page 24, Section III (I) states, "Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded."

115.86(b) Policy D1-8.13 Offender Sexual Abuse and Harassment states, "Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry utilizing the PREA sexual abuse debriefing form and submitted to the department PREA coordinator, CAO, PREA Audit Report

and assistant division director.”

115.86(c) Policy D1-8.13 Offender Sexual Abuse and Harassment states, “The review team for offender sexual abuse events shall include the PREA site coordinator, and other upper level administrators, when applicable, with input from supervisors, investigator, and medical or mental health practitioners, when applicable. *****SOP: The review team will consist of the PREA site coordinator, warden, investigator, health services administrator/designee, and other staff deemed necessary for the review by the PREA coordinator or warden.** A complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The written report will be prepared by the PREA site coordinator.

115.86(d) MECC has not had a review in the past 12 months due to no substantiate or unsubstantiated cases. Based on this fact, the auditor reviewed a blank form used in the review sexual abuse incidents. This form would include the name of the victim, assailant, staff members involved in the briefing, date and time of the incident, what occurred, location of the incident, housing information, was the allegation motivated by race, ethnicity or sexual orientation, information on the coordinated response, information on a forensic exam, mental health consultation, and any recommendations. This review would also be included in the facility’s annual report.

Administration stated that they would review each case and look for ways to make it better for the inmate and for the facility. They would use these reviews to their advantage to improve prevention of abuse. These reviews can justify the need for more cameras and can also justify the need for additional staff.

115.86(e) Policy D1-8.13 Offender Sexual Abuse and Harassment states, “The facility shall implement the recommendations for improvement, or shall document its reasons recommendations shall not be implemented. The completed report shall be stamped confidential and shall be submitted to the assistant division director with a copy to department’s PREA coordinator. The assistant division director shall forward the report to the division director. A copy of the report shall be filed in the institutional PREA event file for future audits.”

Standard 115.87 Data collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Data needed to complete the annual Survey of Sexual Violence is collected in the Correctional Information Network (COIN) system. Data is collected and reviewed annually.

115.87(a)(b)(c)(d) Policy D1-8.13 Offender Sexual Abuse and Harassment states, “Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department’s PREA coordinator by the last working day in March. The report shall include: 1) identified problem areas, 2) recommendations for improvement, 3) corrective action taken, 4) if recommendations for improvements were not implemented, reasons for not doing so, 5) a comparison of the current year’s data and corrective actions with those from prior years, and an assessment of the facility’s progress in address sexual abuse, 6) an evaluation of the need for camera and monitoring systems, 7) in consultation with the PREA site coordinator; assessment determination, and documentation of whether adjustments are needed to the staffing plan, the deployment of video monitoring and the resource availability to adhere to the staff plan. The yearly report shall be submitted to the division director and the department PREA coordinator no later than the last working day in March.

The PREA coordinator shall prepare an annual report compiling each facility’s current year’s data and corrective actions. The report shall include a comparison with prior year’s data, corrective actions, and an assessment of the department’s progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the last working day in May.”

Auditor reviewed the aggregated data for August 2016, April 2016, and March 2017. This data broke down PREA cases for each facility in the MDOC. It tracks location, event creation date, date of event, type, agency case number, even number, findings and date case was closed.

Auditor reviewed the MDOC 2015 PREA Annual Report. This report contained information on the progress the department made in 2014 in
PREA Audit Report

PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

Administrative staff reported that data is collected monthly and reported annually to the PREA Coordinator.

115.87(e) N/A MECC does not contract for the confinement of its inmates.

115.87(f) MECC completes the SSV each year.

Standard 115.88 Data review for corrective action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.88(a)(b)(c) SOPD1-8.13 Offender Sexual Abuse and Harassment, pages 27 – 28 state, “Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department’s PREA coordinator by the last working day in March. The report shall include: (1) identified problem areas, (2) recommendations for improvement, (3) corrective action taken, (4) if recommendations for improvements were not implemented, reasons for not doing so, (5) a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse, (6) an evaluation of the need for camera and monitoring systems, (7) in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to the:

- (A) the staffing plan,
- (B) the deployment of video monitors, and
- (C) the resource availability to adhere to the staffing plan.

The yearly report shall be submitted to the division director and the department PREA coordinator no later than the last working day in March.

Agency Report: The PREA coordinator shall prepare an annual report compiling each facility’s current year’s data and corrective actions. The report shall include: (1) a comparison with prior year's data, (2) corrective actions, and (3) an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the last working day in May.

Auditor reviewed the statewide annual report as well as the report as it relates specifically to MECC.

Auditor reviewed the 2015 PREA breakdowns for each facility in the MDOC.

Auditor reviewed the MDOC 2015 PREA Annual Report. This report contained information on the progress the department made in 2014 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

115.88(d) SOPD1-8.13 Offender Sexual Abuse and Harassment also states, “The COA or designee, PREA coordinator, and/or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of the facility. The CAO or designee, PREA coordinator, and/or department director shall indicate the nature of the material edited. The department’s annual PREA report shall be made available to the public on the department’s internet website.”

Standard 115.89 Data storage, publication, and destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.89(a) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

115.89(b) SOPD1-8.13 Offender Sexual Abuse and Harassment, page 28 states, "The department's annual PREA report shall be made available to the public on the department's internet website."

Auditor reviewed the MDOC 2015 PREA Annual Report. This report contained information on the progress the department made in 2015 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

115.89(c) SOPD1-8.13 Offender Sexual Abuse and Harassment also states, "The COA or designee, PREA coordinator, and/or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of the facility. The CAO or designee, PREA coordinator, and/or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website."

115.88(d) According the Agency Records Disposition Schedule (Inspector General Section) , this information is retained for five years, and then it is destroyed.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

/s/ Elisabeth M. Copeland

06/30/2017

Auditor Signature

Date

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report November 22, 2017

Auditor Information

Name: Alison Yancey	Email: ayancey@idoc.in.gov
Company Name: Click or tap here to enter text.	
Mailing Address: 9310 South State Road 67	City, State, Zip: Pendleton In 46064
Telephone: 765-778-3778	Date of Facility Visit: October 31, Nov. 1st and 2nd, 2017

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Missouri Department of Correction		Missouri Department of Correction	
Physical Address: 2729 Plaza Drive P.O. Box 236		City, State, Zip: Jefferson City, MO 65102	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
Telephone: 573-751-2389		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: The Missouri Department of Corrections supervises and provides rehabilitative services to adult offenders in correctional institutions and Missouri communities to enhance public safety.			
Agency Website with PREA Information: doc.MO.gov			

Agency Chief Executive Officer

Name: Anne L. Precythe	Title: Director, Missouri Department of Corrections
Email: Anne.Precythe@doc.mo.gov	Telephone: 573-526-6607

Agency-Wide PREA Coordinator

Name: Vevia Sturm	Title: PREA Coordinator for the State of Missouri
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Email: Vevia.Sturm@doc.mo.gov		Telephone: 573-522-3335	
PREA Coordinator Reports to: Office of Professional Standards		Number of Compliance Managers who report to the PREA Coordinator 0	
Facility Information			
Name of Facility: Ozark Correctional Center			
Physical Address: 929 Honor Camp Lane Fordland, MO 65652			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: Click or tap here to enter text.			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input type="checkbox"/> Prison	
Facility Mission: The Missouri Department of Corrections supervises and provides rehabilitative services to adult offenders in correctional institutions and Missouri communities to enhance public safety.			
Facility Website with PREA Information: doc.mo.gov			
Warden/Superintendent			
Name: Brian O'Connell		Title: Warden	
Email: Brian.OConnell.doc.mo.gov		Telephone: (417) 767-4491	
Facility PREA Compliance Manager			
Name: Marty Sirmons		Title: Deputy Warden	
Email: Marty.Sirmons@Doc.MO.Gov		Telephone: (417) 767-4491	
Facility Health Service Administrator			
Name: Dortehea D. Wahl		Title: Health Services Administrator	
Email: dd.wahl@corizonhealth.com		Telephone: (417) 767-4491	
Facility Characteristics			
Designated Facility Capacity: 738		Current Population of Facility: 713	
Number of inmates admitted to facility during the past 12 months			691

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			684	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			691	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			None	
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 19 to 75		
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			0	
Average length of stay or time under supervision:			13 months	
Facility security level/inmate custody levels:			1	
Number of staff currently employed by the facility who may have contact with inmates:			234	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			17	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			2	
Physical Plant				
Number of Buildings: 59		Number of Single Cell Housing Units: None		
Number of Multiple Occupancy Cell Housing Units:		One Segregation unit with 8 cells. 4 cells are single cell and 4 cells are multiple occupancy		
Number of Open Bay/Dorm Housing Units:		2 general population units with open bay no door units.		
Number of Segregation Cells (Administrative and Disciplinary):		8 cells		
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): The OCC camera system has coverage as follows: Housing Unit I hallways and restrooms(positioned and blacked out to avoid nudity),Housing Unit II hallways and restrooms(also positioned to avoid nudity),Administrative Segregation hallways and each cell (toilet blacked out),Visiting, Laundry, Inmate property, Education building hallways, Education programs trailer behind the main education building, Drug treatment programs trailers 1 & 2,Canteen, Gym, Library, Chapel, Barber shop, Power house, Food Services & warehouse, Perimeter fence, Outdoor area behind SOD building/food services/recycling The central control room is at the entry building which has the lobby and airlock (sally port). OCC does not have a central monitoring post solely for the camera monitoring function. The control room has monitors that are observing the fence. There is an education officer who both patrols the buildings and observes the halls on camera at that post. The inmate property office has an assigned officer who patrols, assists with property accountability, and has monitoring capability in the visiting room/laundry/property. The unit sergeants conduct supervisory checks and can observe the cameras in their units. The Recreation Director can observe the gym cameras when he is in his office. The canteen manager can observe the canteen cameras. The food service manager and shift supervisors can view the food service area cameras. The administrative segregation officer (gender specific male) has continuous camera observation on the monitor in the control area. The Warden, Deputy Warden of Offender Management, Major, and Investigator can view all cameras on their computers. Data storage of at least 30 days is the design intent. Generally more days than that are stored.				

Medical	
Type of Medical Facility:	Corizon staffed with nursing 24 hours per day. No "in patient" beds in medical building.
Forensic sexual assault medical exams are conducted at:	Mercy Health Center, Springfield, MO or CORIZON SANE Nurse
Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	72 volunteers, 54 contractors
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	10 PREA Unit

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

A PREA Audit was conducted at the Ozark Correctional Center. The audit began on Tuesday October 31st and concluded on Thursday November 2nd, 2017. Assistance was received from Bryan Pearson. Mr. Pearson was present as we toured the facility. Mr. Pearson also interviewed several staff members and reviewed the documents for Human Resources, training records and classifications records to make sure the documentation was being completed as per the PREA policy. The audit began with a "meet and greet" of the Correctional Facility Executive Staff.

OCC has two general population housing units. The unit has a "hub-style" control area for staff and 4 wings off the control area. Each wing has no doors with dorm style living for offenders. There is one segregation building with 8 cells. Other buildings provide food service, health care, maintenance, storage and space for administrative offices. Programs include general library, law library, barbering, and Adult Basic Education and General Education development classes. The prison also has substance abuse treatment programs lasting one year to two years, psychotherapy and religious activities. Offenders are provided on site routine medical and dental care. Serious and emergency problems are treated via local community providers.

Six weeks in advance of the onsite audit, a flyer was sent to Ozark Correctional Center to announce to all offenders and staff that a PREA Audit would be conducted. Offenders were given my address to write me with their concerns. I did not receive any correspondence from any offender housed at Ozark Correctional Center. When I interviewed offenders on site, I did ask them if they had any problems that were not addressed and all the offenders stated "No". The offenders thought the facility was safe and if an offender did have a PREA related problem that staff would address the problem per PREA policy.

The facility sent me a PREA Audit pre-audit questionnaire that was completed for me to review. This is a standard questionnaire that is completed by all facilities that are preparing for a PREA audit. The questionnaire was designed by the U.S. Department of Justice. The facility also sent policy, procedure and other relevant documents to support their answers to show PREA compliance. I reviewed this material two weeks in advance of the onsite audit.

We began by touring the entire facility after our initial meeting with Executive Staff. When visiting the general population units, we noticed from the Control area we could see into the different wings down the aisles. We walked the different wings and looked into each bathroom area. Cameras were in all of these areas. Monitors were in the control area with views of the unit. Custody staff were also walking the different units supervising the offenders. We toured recreation areas, dining areas, the school area and the medical area. All of these areas had cameras so each area could be viewed by supervisory staff. There were Trailer type buildings that housed the Substance abuse program areas. All of these

areas were toured. Each building had either an office or control pod where cameras for the entire areas could be viewed. Each area toured had ample staff to supervise the offenders in their area. During the tour we observed camera placement, reviewed log books, spoke with staff and offenders as we toured the facility. Camera placement was appropriate. The facility was clean and the structure was sound. During the tour of the facility, I observed "Knock and Announce" procedures for female staff entering a unit were also being completed per policy. Also, the bathroom areas were "knock and Announce" since a staff person had to walk into the bathroom to supervise offenders and the area was not visible from the day area. I reviewed log books to see that supervisors were making unannounced rounds to the different housing units. Offenders were able to shower and dress in a covered area unexposed to staff view.

After the tour, we requested documentation from the following departments of the facility, Personnel, Training records, and Investigation files. Ten training records and personnel files were reviewed at random. I had the facility print out an alphabetical listing of all employees. I chose 5 newer employees, 3 employees with five years or less and two employees with over ten years of service to make sure that through the years all employees were being properly trained on all aspects of sexual abuse prevention. All ten of the files were complete and the employees had all received the appropriate training. All files did support the information already sent by the facility for examples of compliance.

Personnel records were reviewed by picking employees randomly from an alphabetical list. Records were reviewed to make sure the facility prohibited hiring or promoting anyone who may have had contact with offenders that had been convicted of engaging or attempting to engage in sexual activity in the community by force or implied threats of force or coercion. I also checked and none of the 10 employees had ever been engaged in sexual abuse in prison, jail, or juvenile facility. All personnel records reviewed had completed background checks that showed each employee was clear of any warrants or convictions of criminal activity.

The facility had only six allegations of a PREA event. We reviewed all six investigations. There was one allegations of offender on offender sexual abuse. That case was unsubstantiated. The 5 other cases were allegations of sexual harassment which were unsubstantiated. All of the investigations followed the PREA protocol as outlined by Missouri policy. The Office of Professional Standards conducts all criminal PREA investigations. The Office of Professional Standards reports to the Department Director. The sub-component conducting the investigation would be the Central PREA Unit or the Employee Conduct Unit. Zero of the PREA Investigations were criminal investigations. The investigations completed were administrative investigations only. All offenders were notified of the outcomes of the investigations. During 2016 and 2017 there had been no criminally sustained offender on offender events at this facility. Also during 2016 and 2017, there had been no criminally sustained staff on offender events at this facility.

Assessment and PREA education files were reviewed. All assessments were completed within 72 hours of arrival and reviewed again within the 30 days of arrival. The assessment tool was an objective screening instrument. The instrument was set up to screen each offender for the risk of victimization and abusiveness. All offenders received PREA reporting information upon arrival and comprehensive education within a few days of arrival. The educational material provided each offender the zero tolerance policy for sexual abuse and sexual harassment inside the facility. The offenders were

provided with information how to report an incident and what follow up to expect if they had to report an incident.

Thirty offenders were interviewed in a closed private office and the offenders answered questions regarding the PREA standards willingly and the facility's ability to follow all of the standards. Offenders had all been educated on the PREA Zero Tolerance policy, and the offenders knew how to seek help for sexual abuse or sexual harassment. Offenders were questioned using the DOJ official offender audit instrument. Offenders were selected randomly from an Alphabetical name listing of the offenders housed at the facility. Also, there was only one openly gay offender as known to the facility staff and he was interviewed. All offenders were forthcoming with information and felt staff would assist them if they reported sexual abuse or sexual harassment.

We interviewed twenty five staff from various shifts and departments. I selected staff at random using the following techniques: I looked at the custody rosters and the areas that the staff worked and I chose staff working in the different areas of the facility. I also chose staff that were on the 3 different shifts. We also interviewed all specialized staff including PREA Compliance manager, Warden, the designated staff member charged with monitoring retaliation, intake staff, staff person who performs the screening for risk of victimization and abusiveness, PREA Coordinator, 2 Volunteers, contract staff, staff person that supervised segregated housing, investigative staff, first responders, medical and mental health staff, human resource staff, training staff, and supervisory staff. Staff were questioned using the Department of Justice official staff audit instrument regarding their knowledge of the PREA policy and how to prevent sexual abuse in their facility. Staff had a good working knowledge of PREA information and how to report if there is an incident. Offenders interviewed also knew about PREA and how to report sexual abuse and/or sexual harassment.

On November 2nd, 2017, we again met with Executive staff. It was explained that the final audit results were pending. The staff were complimented on their dedication to zero tolerance regarding sexual assault/harassment.

...

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Ozark Correctional Center is a minimum security drug treatment center with a population today of 723 offenders. Typically the offenders are court ordered to treatment for one year. Ozark has two open bay type general population housing units plus an eight cell segregation unit. Approximately 80 offenders participate in work release activities that employ them with the State Highway Department, Counties, and Cities. Drug treatment is provided by the Gateway Foundation which is an outside contractor. Twenty-four hour, seven day per week medical coverage is contracted through Corizon, Inc. Mental health services are also provided by Corizon, Inc

Some of the programs available to the offenders are as follows: Mental health offers anger management to offenders to learn coping mechanisms to deal with anger issues. There is also an "Impact of Crime on Victims Class". Offenders learn to understand exactly how their actions have harmed victims. Without empathy for the people they have hurt and remorse for their actions, offenders are likely to repeat their victimizing behavior. Inside Out Dads is another program offenders can participate in. Dads examine their mistakes and learn tools to give them a second chance to become an involved parent. Offenders also have access to education. Any offender under the age of 65 must be enrolled in school if they do not possess a high school diploma or equivalency. Alcoholic Anonymous, Restorative Justice, Employability Skills, and Pathway to a Change are other programs offered to the offenders.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of Standards Exceeded: 0

Click or tap here to enter text.

Number of Standards Met: 44

Click or tap here to enter text.

Number of Standards Not Met: 0

Click or tap here to enter text.

Summary of Corrective Action (if any)

Type text here...

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OCC provided the agency policy D1-8.13 Offender Sexual Abuse and Harassment that contains the zero tolerance policy and approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The agency policy was comprehensive, provided a clear zero tolerance policy and addressed the PREA standards. The facility provided the Ozark Correctional Center Coordinated Response to Sexual Abuse. This is the facility's plan for a coordinated response to sexual abuse. The agency organization chart was provided that designates a PREA coordinator. The OCC provided a facility organization chart that designated a Deputy Warden as the PREA Compliance Manager for the facility. A list of Compliance Managers for every agency facility was provided demonstrating that all facilities have a Compliance Manager. The facility PREA Compliance Manager indicated during his interview that he has the time and authority to ensure the facility is complying with the PREA standards and agency policy. The agency PREA Coordinator stated during her interview that she has the time and authority to manage PREA compliance for the agency and OCC. She reported having 29 compliance managers which she communicates with regularly. Random interviews with staff and offenders revealed that all were aware of the zero tolerance policy and the required response.

Based on the evidence reviewed the facility and agency have demonstrated substantial compliance with this standard.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1-8.13 Offender Sexual Abuse and Harassment requires "all community confinement facilities to adopt and comply with the PREA standards as outlined in their contract with the department. The COA or designee will regularly audit community confinement facilities to ensure compliance with the PREA standards." The Agency provided 4 contracts ~~with~~for community confinement facilities that were renewed signed during 2017. All 4 contracts that were reviewed and found to require compliance with the PREA standards, 9 specific provisions related to specific PREA standards and completion of a PREA audit. Monitoring was documented on an ~~completed~~ audit tool for each facility that has a PREA section with 10 elements specific to PREA standards compliance. A monitoring report for each facility was provided and reviewed. A memo was provided by the PREA Compliance Manager that indicated Ozark Correctional Center does not contract for confinement of offenders directly. An interview with the PREA compliance manager affirmed that only the agency can contract for confinement. -

Based on the evidence reviewed the facility and agency have demonstrated substantial compliance with this standard.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and

determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? X Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? X Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? X Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? X Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? X Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? X Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1-8.13 Offender Sexual Abuse and Harassment, page 6, states "the department will maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse." The policy also requires the facility to comply with the staffing plan and document deviations and justifications for the deviation. Documentation was provided of a post analysis that was

completed by the MoDOC in 2009 for every facility, including the Ozark Correctional Center. This analysis created a Correction Officer staffing pattern with minimum staffing levels. The ratio of one officer to six offenders was used. Relief factors for each post were based on the National Institute of Corrections suggested methods. The staffing plan is documented in the Custody Staffing Roster and the Facility Organization Chart listing all non-custody positions which the facility provided to auditors. A memorandum from the OCC PREA Compliance Manager indicated there are no judicial findings of staffing inadequacy from federal agencies or during internal or external oversight reviews during 2016 and 2017. The OCC provided the facility's a-PREA Annual Report for 2016 that included a review of video monitoring technology deployment, the use of facility resources to comply with the staffing plan and the staffing level for the facility as it relates to the safe monitoring of offenders. This annual report is sent to the MoDOC PREA Coordinator for review. The PREA Coordinator explained during an interview that she reviews the facility annual reports and discusses any staffing issues with the Division Director. During an interview, the OCC PREA Compliance Manager explained how the Warden has a meeting every morning. Staffing is discussed during those meetings each week in addition to an annual review of staffing. Based on interviews with the Warden and PREA Compliance Manager/Deputy Warden this auditor concluded that the staffing plan is reviewed or monitored weekly and in an official review at the end of the year annually. -The OCC reported no deviations from the staffing plan during the last year in a memorandum from the PREA Compliance Manager. This was also verified in interviews with the Warden, PREA Compliance Manager and Custody Supervisor. The staffing plan is maintained by paid overtime to cover all posts required by the staffing plan.

Policy D1-8.13 also requires supervisory staff to conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Examples of housing unit log entries documenting unannounced rounds by supervisors on each shift were provided prior to the on-site tour. During the on-site tour these logs were checked in every housing unit by auditors. All were found to contain documented rounds by supervisors on every shift in compliance. Interviews with staff indicated that supervisors make these unannounced rounds and that staff do not notify other staff the rounds are occurring. Two Sergeant Interviews and interviews with offenders indicated rounds are being made by supervisors in the housing units as well. Post orders for the Lieutenant and Shift Supervisor required supervisors to make unannounced rounds on every shift and document such in the supervisor sign-in log. The housing unit officers document supervisor rounds in the housing unit log book as well. These were checked by auditors and found to document supervisors making rounds on every shift consistently. The Deputy Warden and Custody Supervisor were interviewed and stated they make unannounced rounds in the housing units weekly.

Based on the evidence reviewed the facility has demonstrated substantial compliance with this standard.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OCC does not house youthful offenders. This standard is not applicable.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
X Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes ☐ No X NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes ☐ No X NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? X Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates?
☐ Yes ☐ No X NA

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? X Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? X Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? X Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? X Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1-8.13 Offender Sexual Abuse and Harassment, page 12, prohibits cross gender strip searches except in exigent circumstances. A memo was provided by the facility compliance manager that indicates there were no cross gender strip searches therefore there were no logs of cross gender strip searches. MoDOC policy does not allow body cavity searches to be conducted. OCC does not have female offenders therefore there are no pat-down searches of female offenders at this facility. D1-8.13 also states all offenders will be allowed to shower, perform bodily functions and change clothing without non-medical staff members of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances or when incidental to routine cell checks. No cross gender viewing issues were found during the tour of housing units or offender bathroom of OCC. Shower curtains were used in showers and toilet stalls to provide modesty. Facility Rules outlined in the offender handbook prohibit the offenders from getting completely undressed unless they are in the shower with the curtain drawn. Offenders stated they were aware of this rule in interviews. There are cameras present in the Housing Unit HU1 and 2 bathrooms by the sinks. Even though the offenders are not allowed to undress until in the shower, the facility provided movable privacy screens to block the view of their lower body by the camera while standing in front of the shower. This was verified by viewing the video monitor with those camera views on. Policy D1-8.13 requires an announcement to be made when opposite gender staff enter a housing unit. Announcements were made for the female auditor entering housing units. This was observed during the tour, and also verified through staff and offender interviews. Staff and offenders stated during interviews they hear announcements being made when female staff enter a housing unit. The announcements are required to be logged in the housing unit log book. Announcements were found in housing unit log books that these were checked on the tour and examples were provided to the auditors. Policy D1-8.13 also prohibits staff from searching transgender offenders to determine their genital status. Staff receive training on searching transgender offenders in the least intrusive and professional manner. This was found in the search training

curriculum that was reviewed. Training records were provided that show staff completed search training that included how to search LGBTI offenders in a professional and least intrusive manner. Staff interviews indicated that staff have received this training as well. Interviews with offenders concluded that offenders are able to shower without cross gender viewing, female staff knock and announce before entering a unit or bathroom.

Based on observations and evidence reviewed the facility has demonstrated substantial compliance with this standard.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? X Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? X Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? X Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? X Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities X Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? X Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? X Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? X Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? X Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? X Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? X Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? X Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? X Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? X Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1 8.13 Offender Sexual Abuse and Harassment provides that the Agency has policy and procedure in place to provide disabled offenders the right and opportunity to benefit from all aspects of the agency's effort to prevent, detect and respond to sexual abuse and harassment. OCC provides PREA education materials in several different languages. Information on how to make a report is posted in English and Spanish throughout the facility. The PREA informational postings were seen while this auditor was touring the facility. The Agency provided a contract for interpretive services. OCC has an account established to access that service. Documentation was provided that shows their PIN number for the facility account with the interpretive service. All random staff interviewed knew that the facility had access to an interpretive service if needed. The facility Compliance Manager reported there were no LEP offenders present at OCC to interview during the audit. An interview with the staff responsible for PREA education indicated the materials are being read to all offenders to accommodate those that cannot read. Classification information identifies offenders that have disabilities or low literacy levels. These offenders are provided the information in a one on one meeting to ensure they receive and understand the information. A Braille version is available for offenders that are visually impaired. If accommodations are provided to an offender, it is documented in the offender's Case Notes. Inmate interpreters are not used. The offenders interviewed all understood the agencies' zero tolerance policy for sexual abuse and sexual harassment.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? X Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? X Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? X Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? X Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? X Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? X Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? X Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? X Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? X Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? X Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? X Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? X Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? X Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? X Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? X Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) X Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D2.2.2 Background Investigation and Policy D1- 8.13 Offender Sexual Abuse and Harassment support all the requirements of this standard. Policy also reviewed for this standard was D2 2.8 Promotional Appointment, D2 13.1 Volunteers, and D2 13.2 Student Interns. Interviews with random staff also confirmed this policy was followed. All of these policies state that any potential employee, volunteer, contractor or intern cannot have any incidents of sexual harassment or a criminal record for sexual abuse. OCC provided examples of criminal background checks on new employees and current employees. Employee applications have questions that cover element (a) of this standard that are asked of every applicant. The screening application is sent through the Missouri Uniform Law Enforcement system and the National Crime Information Center System. The Warden reviews every application packet to ensure the PREA employment background check and criminal background check have been completed and signs a state form indicating all checks have been completed and approved for hiring. The OCC had 7 new employees in the last 12 months. I was shown documentation that all 7 had been screened and approved by the Warden. Several staff files were reviewed to

assure compliance. Ten random staff files were checked and the Human Resource Department was found to be completing the correct screening process as written by this standard. The Screening process was correct and all potential staff had a background check completed and were clear of any sexual abuse or harassment. Once hired or able to enter the facility, all employees, contractors, volunteers, and interns have a criminal background check completed annually. If an employee is found to have a sexual offense against them, the staff will be subject to discipline up to and including termination. Promotions and transfers also seek to determine if any incidents of sexual harassment have occurred before promoting or accepting a transfer of staff from another facility. The Agency requires a criminal background record check for all promotions and transfers. Interviews with the Human Resource staff and the PREA coordinator confirm that all of the hiring and promotion policies were being followed as pertains to this standard.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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The OCC Warden and PREA Compliance Manager reported there had been no new construction in the past year. There have been upgrades to video surveillance to help improve monitoring of offenders. These cameras were observed during the facility tour and the newly added cameras eliminated previous blind spots. The cameras in the segregation cells were upgraded to digital cameras allowing for the toilet areas to be blocked out from view by opposite gender staff without compromising the safety and security of the offender. This was observed on the video monitor during the facility tour as well. The Agency Head Designee was interviewed and stated that cameras are being pushed out to all facilities because they are an important part of the sexual abuse prevention plan.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
X Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☐ Yes ☐ No X NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National

Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy D1.8.8 Evidence Collection, Accountability and Disposal and Policy D1.813 Offender Sexual Abuse and Harassment provide for evidence protocol based on a uniform evidence protocol. The facility has one trained investigator to conduct all administrative investigations. I interviewed the investigator and he was quite knowledgeable and had years of experience in the investigative field. The investigator knew the protocol for the investigation process. The investigator was trained on evidence collection and crime scene preservation. The agency has 10 trained investigators trained to investigate criminal PREA incidents and supervised by the State PREA Coordinator. All investigators for the state of Missouri receive specialized training for the investigations of a PREA incident. The facility has access to regional nurses contracted by Corizon that are trained and certified SANE nurses. All examinations normally would occur at the facility by a SANE nurse. If a SANE nurse is not available, the offender would be transferred to Mercy Hospital in Springfield. The facility utilizes nationally recognized protocols for the collection and preservation of evidence as discussed in the "A National Protocol for Sexual Assault Medical Forensic Examinations and is appropriate for youth. The facility offers all offenders a forensic medical examination for a sexual assault without financial cost to the offender. The Agency has several MOU's with community groups. These groups provide advocacy to victims of sexual assault. One of the MOU's is with the Webster County Victim Assistance Program to provide

each victim with an advocate. The facility has also trained their chaplains to be victim advocates as a backup if community advocates are not available. A monthly schedule is published so a chaplain is “on call” on the weekends, holidays and off business hours. If the offender requests an advocate to provide emotional support while being examined, one is provided for the offender as written in the offender sexual abuse policy. There were zero examinations performed in the last year. Mr. Pearson interviewed a medical staff and they stated that only SANE nurses would be used if a forensic examination were needed.

... Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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D1 8.1 Investigations and D1 8.4 Administrative Inquiries provide policy that covers the requirements of this standard. The facility ensured that an administrative/criminal investigation was completed for each allegation of sexual abuse or sexual harassment. This was verified through interviews with staff and offenders. I also reviewed the six PREA allegations that were investigated and the incidents were unsubstantiated. I reviewed all six files and investigations were completed per policy. Zero allegations were referred to prosecution. OCC has not had any substantiated sexual abuse cases in the last year. All six investigations were handled according to the facility plan. Investigations were requested and approved by the Warden. Investigations appeared to be thorough and well documented. The Inspector General had previously investigated all criminal investigations up to June 1st, 2017. After June 1st, all PREA allegations of sexual abuse are now processed by the 10 special investigators under the supervision of the PREA Coordinator for the state of Missouri. The facility investigator still processes the administrative investigations. I interviewed several offenders that stated the facility is responsive when reports of PREA have been made. I also interviewed staff that stated the policy was that all allegations would be reported to the investigator and a case would be opened. All documentation reviewed supported the information that I was provided. The offenders feel safe that the administration will investigate immediately and will protect all offenders. Policy D1 8.13 Offender Sexual Abuse and Harassment is posted on the Agency Website for information regarding the referral of allegations for criminal investigations for the public. The agency documents all referrals of allegations of sexual abuse or sexual harassment.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? X Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? X Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment X Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? X Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? X Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? X Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? X Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? X Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? X Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? X Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? X Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, those employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The PREA training curriculum was provided and reviewed. All 10 required subjects in this standard were covered. Training records were reviewed during the on-site audit. Prior to the onsite audit, OCC provided the PREA training acknowledgement forms for 12 staff that completed the PREA training in 2014 and 2016 demonstrating training is being completed every 2 years. 10 random staff training records were reviewed. All staff had completed the PREA training as required. All training was documented with the person receiving the training signing an acknowledgment that they understood the training. During the year between refresher training, staff are provided information on updates to the PREA policy or changes in the response plan. Several examples were provided that demonstrate these updates were being provided to staff at OCC. While it was in policy to train employees that were reassigned from female facilities, no such transfers had taken place. All interviews with OCC employees indicated they had received the training and knew how to prevent, detect and respond to sexual abuse or harassment

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? X Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? X Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? X Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Prior to the onsite audit, OCC provided PREA training acknowledgement forms for 15 volunteers and 9 contractors that were completed in 2017. 30 work release crew supervisor records were reviewed during the onsite audit. All staff had completed the PREA training during 2017. 12 random volunteer files were reviewed onsite. All volunteers had completed the PREA training. The training curriculum for

volunteers and contractors was provided and reviewed. The curriculum provided information on zero tolerance policy and what the contractor/volunteer response is for a report of sexual abuse or harassment. A volunteer was at the facility and available for interview during the onsite audit. The volunteer was able to explain the zero tolerance policy and describe his responsibility if an offender were to report sexual abuse to him while he supervised him. 2 contract staff were interviewed and were also able to describe the zero tolerance policy and their responsibilities when an offender makes a report to them.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? X Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? X Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? X Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? X Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? X Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? X Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? X Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Prior to the onsite audit, OCC provided 34 examples of Offender PREA education completion acknowledgement~~offenders completing the PREA education~~ showing they completed the education the day after their arrival. I selected 10 random offender files ~~were selected for review of offender education documents on the tour. It was found~~ and found that all the 10 offenders had received the key

information and all 10 had completed signature pages stating that they understood the policy and how to report if they had a problem. The staff person that provides offender education was interviewed. He stated that oOn the second day of the offender's arrival, the offender's are provided with comprehensive material to explain all of their rights to be free from sexual abuse and sexual harassment, how to make reports of sexual abuse or sexual harassment. The PRC video is part of this education. It was observed by auditors that AllOffender PREA education materials are provided in both English and Spanish. Some materials are also provided in Chinese, Serbo Croation, Vietnamese, and Russian. There is also a Braille version. The materials provide offenders with information on the MoDOC zero tolerance policy, their rights to be free from sexual abuse and how to report sexual abuse. Information was observedis posted throughout the facility during the tour and is clearly visible to the offendersss as well. Interviews were held with 30 offenders. All the offenders stated that they were handed brochures and given a short information session as soon as they came into the facility. The offenders stated the next day they were given more information about the Zero Tolerance Policy. When questioned, the offenders knew that there were posters all around the facility with telephone numbers and other ways to remind them to report if needed.

~~I selected 10 random offender files and found that all the offenders had received the key information and all 10 had completed signature pages stating that they understood the policy and how to report if they had a problem.~~

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) X Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] X Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] X Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] X Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] X Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] X Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The facility provided the curriculum for Investigating Offender Sexual Abuse in confinement Settings. This curriculum was reviewed and found to cover all of the elements of substandard (b). Documentation was provided that shows all Agency investigators assigned to the PREA division completing the specialized training in 2013 and 2014. The Investigator assigned to OCC completed his training in October 2013. An interview with the investigator was held and the investigator knew the critical elements as received in his training. Prior to June 2017, investigations for sexual incidents were conducted by the AG's office. All sexual abuse incidents are now investigated by one of the ten PREA investigators supervised by the PREA Coordinator of the State of Missouri.

...

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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OCC provided documentation of medical mental health staff completing both the specialized medical training and general PREA training that all staff working at the facility had received. Both curriculums were provided and covered all topics required by this standard. The lesson plan reviewed supported the zero-tolerance policy practices. Examples of training show that all medical and mental health staff received specialized training for PREA education. Training logs were provided to show which staff had been trained. The medical director and a mental health staff were interviewed. It was clear that both had received this training based on the results of the interview.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
X Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
X Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) whether the inmate has a mental, physical, or developmental disability? X Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) the age of the inmate? X Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) the physical build of the inmate? X Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
X Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
X Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? X Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? X Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? X Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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OCC provided the MoDOC risk screening instrument for review. It was reviewed and found to be based on all required-factors for risk of sexual victimization or sexual abusiveness required by the standard. Policy D 1-8.13 Offender Sexual Abuse and Harassment, page 9, -requires all offenders to be assessed within 72 hours of arrival and reassessed within 30 days of arrivals at the facility as well as when warranted due to a referral, new information or incident of sexual abuse. The facility could not provide an example of a new assessment triggered by a substantiated investigation because the facility reported they had no substantiated sexual abuse investigations. Policy D1-8.13 also says that offenders cannot be inmates are not disciplined for refusing to answer questions used to gather information for regarding the risk assessment. Information gathered for the risk assessment is confidential and limited to staff that need to know. A report from the MoDOC offender data base shows all offenders received at OCC from 8/1/16 to 6/30/17 received a 72 hour assessment and only 10 out of 684 offenders at the facility for more than 30 days had a reassessment beyond 30 days of arrival. However, a All offenders that were at OCC for more than 30 days received a reassessment. This demonstrates substantial compliance with the standard. 20 offender risk assessment records were reviewed at the onsite audit. All 20 records had a risk assessment completed within 72 hours and a reassessment completed within 30 days. When interviewing the offenders, 28 out 30 remembered the assessment process.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? X Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? X Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? X Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? X Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? X Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? X Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? X Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? X Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? X Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy D1-8.13, page 9, requires the risk assessment conducted during intake and upon transfer to be used to determine, on an individual basis, the assignment of an offender's housing, cell, program and work assignment with the goal of keeping offenders identified at high risk of victimization separate from those identified as high risk of being sexually abusive. The OCC uses information obtained from the risk assessment to determine where to house offenders and to place offenders in program assignments on an individual basis. The facility provided examples of the Alpha Kappa Sigma tracking report from the Offender Management Information System. The Alpha is at risk of victimization. The Kappa is at risk of being sexually abusive. A Sigma designation means the offender is not a risk for either. This report provides the housing location and risk assessment designation for each offender. This information is considered when assigning offenders to programs and work assignments. The staff that is responsible for reviewing all offender housing assignments was interviewed by an auditor. He stated that he reviews the risk assessment designation for every offender prior to placing them in a housing assignment upon arrival or moving the offender to a new assignment within the facility after arrival. Documentation was provided that shows the offenders identified as at risk of victimization are not housed in the same wing of a housing unit with offenders that are identified as at risk of abusiveness. A roster for all maintenance positions outside of the facility was provided that shows no offenders being assigned that are at risk for victimization or abusiveness due to the type of assignment and type of supervision that can be provided at their work sites. Only Kappa's are assigned to the outside work assignments. Policy IS5-3.1 Offender Housing Assignments requires a transgender committee to review a transgender or intersex offender's housing assignment based on the required factors in the standard. Placement may not be based only on the offender's genital status. A transgender or intersex offender's assignment will be reviewed every 6 months by the committee. A memo from the PREA compliance Manager stated tThe OCC currently had no transgender or intersex offenders and reports they have not had a transgender offender since the last audit. All showers are individual stalls and allow for privacy. During interviews, staff indicated they would allow a transgender or intersex offender to shower at separate times if they felt uncomfortable showering at the same time as other offenders.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? X Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? X Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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Policy D1-8.13 requires the shift commander to house an offender that is deemed at high risk for sexual victimization in the least restrictive housing that will ensure safety. If temporary segregated housing assignment is used, the shift commander is to document why no other alternative housing was available. The assignment will not go over 30 days and if it were to happen, a hearing would be held and a report sent to the Warden detailing the reasons for the continued use of segregation. A review is held every 30 days until the offender is released from segregation. IS21-1.1 Temporary Administrative Segregation Confinement states that all offenders will retain their ability to access education no matter the reason for being placed in segregation. Offenders will also have access to programming and work if possible. If any of the activities are restricted, a report will be sent to the Warden. A memo from the PREA Compliance Manager was provided that states no involuntary segregation assignments for PREA occurred in that last year therefore there was no documentation of segregation to review. Interviews with the Warden and the PREA compliance manager support this standard. .

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? X Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? X Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? X Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? X Yes ☐ No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? X Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? X Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? X Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1-8.13 "Reporting Sexual Abuse or Harassment" states that OCC offenders are provided with multiple ways to report sexual abuse or sexual harassment. Offenders may report to any staff member,

call a PREA hotline, put an anonymous written report in the counselor's mailbox on the unit, write to the Missouri Department of Public Safety Crime Victim Services Unit, or third party reports by family can be made through the hotline or email on the MoDOC website to the PREA Coordinator. Per policy D1-8.9 "Crime Tips and PREA Hotlines" P 5, staff may make a private report by calling the CLEAR line. The CLEAR line connects directly to the Attorney General's office. The AG's office would then immediately report to the Warden of the facility for investigation of the allegation. Information about the CLEAR line is made available around the facility for staff to see. Documentation of allegations were reviewed and procedures were followed as the policy stated which supported this standard. During random staff interviews, staff all knew how offenders could make a report and how they could make a report privately. All offenders interviewed at this facility knew how to report and that there were different ways to report a PREA incident. Most of the offenders stated that they would just tell staff. Other offenders stated that they would report the incident via telephone. During the tour of the facility posters were observed throughout the housing units and program areas that instructed offenders on how to make a report of sexual abuse or sexual harassment.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No ☐ NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☒ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) X Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) X Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) X Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) X Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) X Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) X Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OCC provided policy D1-8.13 Offender sexual abuse and Harassment and policy D5-3.2 Offender Grievance for review. The facility permits offenders to submit a grievance regarding an allegation of sexual abuse without any time limits. The offenders are not required to use a formal request. I interviewed offenders and offenders stated that they could tell any staff member at any time. When asked if they could write a grievance, the offenders said "Oh sure". They also said that the grievance would be given to the Warden for review. Per the policy D1-8.13, the facility will make sure if an offender writes a grievance against a staff member for a PREA allegation, the grievance paperwork will

not be given to said staff member for an answer. Also per the policy, a final decision will be rendered on any part of the merits of the grievance within 90 days. If the facility needs an extension of time to make a decision, the facility will notify the offender in writing and the time will not extend past 70 days. If at any level of the process, the offender does not receive an answer within the time frames, the offender can consider this non response as a denial and file an appeal if the offender chooses. All third party grievances will be reviewed by staff at the facility. Third parties are allowed to file a grievance on behalf of an offender. If the offender does not want the grievance pursued, the facility staff will document the offender's decision. Policy D5 3.2 allows for the filing of an emergency grievance if an offender is subject to a risk of imminent sexual abuse. The procedures in the policy allow the offender to file an informal grievance to any staff member, that staff member takes the grievance immediately to the Chief Administrative Officer for investigation or inquiry. The CAO will then provide an initial response within 48 hours and the final determination will be within 5 days. Both the initial and the final report document whether or not the offender was at imminent risk and what action was taken. All elements of the standard are complied with in these policies. A memo from the OCC Compliance Manager stated the facility has not received a grievance in 2016 and 2017 for sexual abuse.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☐ Yes ☒ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? X Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? X Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy D1-8.13 Offender Sexual Abuse and Harassment requires each facility to offer victim advocate services to victims of sexual abuse. The policy requires each facility to attempt to enter into an MOU with a rape crisis center or provide services through a qualified staff member. During the facility tour ~~this~~ auditors observed posters throughout the housing units with Just Detention International and the Rape, Abuse and Incest National Network (RAINN) contact information clearly displayed. Offenders are informed on the poster that communications are subject to monitoring. The facility also uses Webster County Victim Assistance Program for victim advocate services at a forensic exam if one is conducted at Mercy Hospital in Springfield. This is arranged through an MOU between OCC and WCVAP which was provided. –OCC also has a Chaplain that is trained as a victim advocate and is considered a qualified staff member to provide victim advocate services. —The training was provided by the Missouri Coalition Against Domestic Violence and Sexual Assault (MCADSV) through a training agreement with MoDOC. A copy of the agreement was provided and reviewed. In the agreement MCADSV would provide a one day training covering the nature and dynamics of sexual violence; best practices regarding sexual assault response and advocacy; and forensic exams. A copy of the curriculum was provided and reviewed. The curriculum is comprehensive and covers the role of the victim advocate, survivor responses, communication with the survivor, and the forensic exam process. The training record for the Chaplain documents his completion of the victim advocate training. The OCC PREA Compliance Manager provided a memo stating that there have been no forensic exams or reports of sexual abuse during the last 12 months. There was one report of sexual abuse that was unsubstantiated. It was documented in the investigation report that the offender was offered a victim advocate and refused. Therefore, there was no use of a victim advocate from the Webster County Victim Assistance Program or by the Chaplain during a forensic exam. This was also confirmed during the interview with the PREA Compliance Manager. Interviews with offenders also confirmed that the

offenders knew about the advocate groups and that they could use their services if needed for an event of sexual abuse....

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? X Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? X Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The MoDOC provides a phone number, mailing address and email address for third party reports of sexual abuse or sexual harassment to be made on the MoDOC website. The website provided the information needed to the public for the process to file a complaint. This auditor checked the website and found the third party information on the PREA webpage. An email was sent to the published email address on the website for third party reports by an auditor to test the response time. The response was received the same day. On the tour, we saw posters in the visiting room where offender family and friends could view the information when visiting the offender. Staff interviewed knew about this policy and understood the process.

Based on the evidence reviewed the facility has demonstrated substantial compliance with this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?
☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy D1 8.13 Offender Sexual Abuse and Harassment requires all staff to report as required by this standard. Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions. Random staff interviewed were all aware of this confidentiality notice. Policy stated that all health services staff members would be required to report sexual abuse and they had to inform the offender of the practitioner's duty to report prior to the initiation of services. Offenders under the age of 18 are not housed at this facility. Per D1 8.13, all allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, would be immediately forwarded to the shift supervisor to initiate the "Coordinated Response Manual" utilizing the applicable PREA allegation notification penetration/non-penetration event checklist which includes reporting to the designated investigators. "Coordinated Response Manual" for the facility gave step by step procedures for supervisor staff to follow for every type of PREA allegation as to the reporting and documenting of information. The shift commander that I interviewed showed me the response manual and stated he would use the manual if needed. Interviews with staff and offenders all knew that staff had to report and offenders stated that they knew that if they reported a PREA incident to staff, it will be investigated. Policy also stated that the offenders would be monitored to make sure there was no retaliation for reporting. Offenders interviewed all knew the level of confidentiality when reporting. Offenders interviewed all stated that "staff take this PREA policy serious".

...

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy D1 8.13 Offender Sexual Abuse and Harassment states the facility will take immediate action when an offender reports any sexual incident. Interviews with staff and offenders reported that this was the case to meet this standard. In the last 12 months, there were zero times reported that an offender was at risk for imminent sexual abuse. All the staff I interviewed stated that if an offender reported any type of abuse their first priority would be protect the offender from any imminent sexual abuse.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? X Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? X Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Per policy D1 8.13 Offender Sexual Abuse and Harassment when there is a report that an offender was sexually abused at another facility, the staff will complete a PREA Allegation Checklist Notification. All notifications will be within the 72 hour timeframe. Interviews with both the Warden and the PREA Coordinator answered the questions that notifications would be made within 72 hours. There have been zero reported allegations in the last year so, there was no documentation available for this standard. Interviews with offenders also confirmed that the facility would abide by the policy regarding the reporting timeframe.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
X Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? X Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? X Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? X Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? X Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1 8.13 Offender Sexual Abuse and Harassment provide the policy requirements for this standard. A Coordinated Response policy outlines step by step the procedure for each type of reported sexual allegation. The policy states that the alleged victim will be separated from the abuser, the first responder will preserve and protect the crime scene until the investigation team can collect any of the evidence. Policy also states that the first responder will ask the offender not to destroy evidence by washing, brushing his teeth, changing clothes, urinating, defecating, smoking, drinking or eating if within the timeframe allowable for the collection of evidence. When interviewing staff, all knew the responses for the first responder duties. The Coordinated Response for the facility outlines the specific procedures as laid out in this standard. The Coordinated Response follows all protocols set in this standard. The

plan follows the standards and breaks each action step by step depending on the type of report whether it is a sexual abuse report or sexual harassment report. I did review the Coordinated Response plan and it does follow PREA protocol as outlined in the standards for first responder duties. The non custody staff have the same responsibilities to preserve evidence as the custody personnel. I interviewed staff about how they would respond to a report of sexual abuse and the staff knew exactly the steps to take to keep the offender safe, preserve evidence and get the offender to medical treatment. The staff at the facility are provided with a PREA card to carry for reference that outlines the step by step procedure to process a report of sexual abuse or harassment.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Per policy D1 8.13 Offender Sexual Abuse and Harassment the Coordinated Response was developed to meet this standard. Staff are trained to respond in protection of the offender, preserve evidence and protect the crime scene. Medical has been trained in response to sexual assault protocol. Interviews were conducted and the staff knew the Coordinated Response procedures. Medical and mental health staff interviewed knew the protocol for this standard. Random staff interviewed all carried cards which contained the step by step process to follow the institutional plan. I reviewed the facility plan and indeed it is developed to coordinated actions among in response to an incident of sexual abuse.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? X Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Per policy D2 11.6 Labor Organizations the agency will not enter into or renew any collective bargaining agreements or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any offender pending the outcome of an investigation. This policy was reviewed. I interviewed the Warden who stated this policy would be followed. There was not an incident of an alleged staff sexual abuser in the last year.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? X Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? X Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? X Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? X Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff X? Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? X Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? X Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? X Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? X Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? X Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff X? Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? X Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
X Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
X Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Per policy D1 8.13 Offender Sexual Abuse and Harassment, the prevention and monitoring of possible threat of retaliation is provided. Offenders that report sexual incidents are monitored for at least 90 days following the reporting of an incident to document that an offender is not being retaliated against. I interviewed case manager staff and the staff told me that they were responsible to speak with the offenders when there was a reported PREA incident. The facility has multiple protection measures including unit changes or facility transfers for victims or abusers, removal of alleged and emotional support services provided by mental health, chaplain or as stated in the MOU for victim's services. The case manager staff monitor housing changes, program changes and any negative reviews about the offender to protect against retaliation from staff. The Deputy Warden (PREA Coordinator) monitors all PREA incidents and tracks when the offenders are seen and who does the follow up with the offender. Both the staff and the offender sign a form that is placed in the offender's packet at the end of the 90 days with a signature from the offender to show that the offender is not being retaliated against. The reviews are initially done after the incident, at 30 day, 60 day and finally 90 day. If there have been no issues, then the monitoring ends after 90 days. Interviews were conducted with the offenders and confirmed this policy is followed. Completed incident monitoring forms were provided showing that the monitoring was being completed. 6 investigative files were reviewed for retaliation monitoring being conducted by facility staff per the policy. There have been zero times reported that retaliation has occurred in the last 12 months. The PREA coordinator also ensures that there is no retaliation against staff reports by reviewing staff assignments and any negative performance reviews on staff that would have reported a PREA allegation.

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Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? X Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy D1 8.13 Offender Sexual Abuse and Harassment and the Directive for Segregated Housing for Protective Custody provide that an assessment will be made as to the offender being viewed as a substantial risk of victimization in the absence of an allegation of offender sexual abuse, a temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing. The PREA coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment of involuntary segregation housing shall not ordinarily exceed a period of 30 days Every 30 days; the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with the institutional services procedures regarding segregation units and protective custody. All other alternative housing is reviewed for possible placement of the victim within 24 hours. Documentation reviewed confirmed that this standard is being met. There were zero requests for Protective Custody due to a sexual incident report in the last 12 months. I interviewed the Warden and the PREA Coordinator and both staff stated this policy would be followed.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? X Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data X? Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
X Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? X Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? X Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? X Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? X Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? X Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? X Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? X Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
X Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy D1-8.1 Investigative Unit Responsibilities and D-1 8.4 Administrative Inquiries provide the policy for this standard. The facility has a policy in regards to criminal and administrative investigations. The agency conducts its own investigations into allegations of sexual abuse and sexual harassment and does it promptly, thoroughly and objectively based on best investigative practices. The facility investigators investigate all administrative allegations including third party and anonymous reports. The Attorney General's office had been completing the criminal investigations until June of 2017. 10 trained PREA investigators working for the Agency PREA Coordinator now conduct the investigations for the state. All agency investigators have received specialized training in sexual abuse investigations.

Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and electronic monitoring data. Investigators interview all alleged victims, suspected abusers and all witnesses. Investigators also review any previous reports or allegations of sexual abuse involving the perpetrator. Substantiated allegations of sexual abuse are referred to criminal prosecution. The credibility of the alleged victim is based on an individual basis not whether the victim is incarcerated. When the investigation is completed a report documenting a description of evidence, interviews and the reasoning behind the credibility assessments and facts are documented and a report is written. All investigations are completed even though the alleged abuser or victim may have left employment or is no longer incarcerated. According to the Agency Records Disposition schedule from the Office of the Director, the agency will retain all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years per the PREA standard. Six investigation files were inspected. All cases were completed following the protocol for compliance with these standards. I interviewed the Warden and he stated that all substantiated sexual abuse cases would be referred to the prosecutor per policy. There were no substantiated criminal cases in the last year. Zero cases were referred for prosecution.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy D1 8.1 Investigative Unit Responsibilities provides policy and procedure for criminal and administrative agency investigations. The policy states that substantiated allegations that appear to be criminal will be referred to the prosecutor. The facility has not had any substantiated allegations in the last year. There were only 6 allegations made in the last year. A total of 6 investigations were reviewed for PREA compliance while at the facility. All investigations were thorough and well documented. According to the Agency Records Disposition schedule from the Office of the Director, the agency will retain all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years per the PREA standard. D1 8.1 Investigative Unit Responsibilities policy also states that the evidence standard for administrative investigations is preponderance of the evidence. After reviewing the 6 investigative files, the preponderance of the evidence was the standard used to identify whether or not a report was substantiated. After interviewing the investigator and the PREA Compliance Manager, their statements also supported that preponderance of the evidence would support a substantiated investigation.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1- 8.13 Sexual Abuse and Harassment provides that the agency is required to inform verbally or in writing any offender who makes an allegation that he has suffered sexual abuse in any agency facility as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following the investigation by the agency. After review of the investigation files, signed forms from the offenders of the notification of the outcome of the investigation were completed. An outside entity does not conduct sexual abuse investigations. 6 investigative files were reviewed and the offenders were notified of the outcomes of their individual investigations, offenders then signed forms stating that they received this information. Examples also showed that the offenders are told the results of their allegations and the report is documented. Following an offender's allegation that a staff member has committed sexual abuse against the offender, the facility will inform the offender if, the staff member is no longer posted on the offender's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse or convicted on the charge within the facility. The Agency has the form "Sexual Abuse Debriefing" that requires all the information pertaining to a report of a sexual incident. This form and information is then logged into a spreadsheet to track the events of the cases that are completed. When a case is substantiated, unsubstantiated, or unfounded, the offender is informed. All of the above information pertaining to this standard is tracked and at each level of the cases evolving, the offender is notified when it involves staff. I interviewed the investigator and he affirmed that this was the procedure at OCC. I was also provided documentation validating this process. Each time the offender is notified, the offender signs a form that he was informed of the outcome of his case. When there is an offender on offender, the process is the same at each interval the victim is notified and signs that he was informed. I interviewed the Warden and the PREA Coordinator both staff stated this policy is followed and the offender signature documents I reviewed supported their statements.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy D1-8.13 Sexual Abuse and Harassment section P. Employee Discipline says staff shall be subject to disciplinary action up to and including termination for violating the agency sexual abuse and sexual harassment policy. Termination will be the presumptive discipline for sexual abuse. Policy states that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Terminations and resignations would be reported to licensing bodies and law enforcement agencies if applicable. Since the June 2016 PREA audit there have been no PREA type formal disciplinary sanctions against staff at Ozark Correctional Center. A log of staff and contracted staff discipline was provided that verifies this statement as well. A PREA investigations log also shows there are no substantiated findings in reports against staff during the last

year. Interviews with the Warden, investigator and the Human Resource staff all supported the facility policy as stated in this standard. Based on interviews, the policy provided and supporting documents, the facility meets this standard.

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Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy D1-8.13 Sexual Abuse and Harassment prohibits contractor/volunteer contact with offenders if they are found to have committed sexual abuse. Substantiated findings will be reported to licensing

bodies and law enforcement agencies where applicable. The agency and/or the facility shall consider prohibiting contact for substantiated sexual harassment. Policy D2-13.1 Volunteers requires allegations of sexual abuse or sexual harassment by contractors/volunteers be forwarded to facility investigators. Since June 2016, there have been no findings against any contractors or volunteers. Interviews with the Warden and the PREA coordinator support this standard. The interviews, policy and supporting documentation provided shows the facility meets this standard.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an

incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy D1-8.13 Sexual Abuse and Harassment Violations or Disciplinary Sanctions for Offenders states offenders will be subject to disciplinary sanctions pursuant to a disciplinary process following an administrative or criminal finding of guilt for engaging in offender sexual abuse. Sanctions will commensurate with the nature of the violation and the offender's disciplinary history. Mental disabilities or illness will be considered to determine sanctions. Violators will be referred to appropriate treatment by mental health. Offenders can only be disciplined for sexual contact with staff if staff do not consent. The facility and agency prohibits all sexual contact between offenders. Documentation was provided of an offender perpetrator of sexual abuse being disciplined for a substantiated finding. Policy SOP19-1.1 Conduct Rules and Sanctions has a violation code for 7.1 Forcible Sexual Misconduct and 15.1 Sexual Misconduct. The PREA Site Coordinator stated that no offenders had been disciplined for consensual sex in the last 12 months.

Based on the interviews and documentation provided, the facility meets this standard.

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MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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MoDOC policy D1-8.13 Offender Sexual Abuse and Harassment and policy IS11-32 Receiving Screening-Intake Center requires staff to refer an offender to medical and mental health within 14 days that discloses during the risk screening he was a victim or perpetrator of sexual abuse. The facility also provided the PREA Risk Assessment Manual which requires staff conducting risk assessments to refer offenders that report victimization or perpetration to medical and mental health within 14 days. The facility provided an example of an offender reporting sexual victimization at a county jail being referred to mental health was provided. The offender was seen within 14 days as required. The facility also provided an investigation file for a report of offender abusive contact. This case was reviewed and clearly documented the referral to medical and mental health the next day. Medical and mental health staff stated during interviews that they are aware of their duty to report an incident of sexual abuse that an offender reported to them that occurred in a confinement facility. If the offender reported an incident that occurred outside of a confinement facility, the offender would have to sign a release of information before they could tell the facility investigators. Medical and Mental Health stated in interviews that offenders that report being a victim or perpetrator of sexual abuse would be seen within one or two days of arrival. The Mental Health staff stated that he would provide individual counseling for both and a trauma group for victims. Both said that information provided by offenders about victimization or abusiveness would only be shared with staff that need to know, such as the Warden, PREA Compliance Manager.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?

☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? X Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? X Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? X Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? X Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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A memo from the OCC PREA Compliance Manager states the facility has had no incidents of sexual abuse reported in 2016 and 2017. A review of the facility annual report also confirms this. The OCC Coordinated Response plan requires emergency medical services to be provided for reports of sexual abuse. The facility provided Policy D1-8.13 Offender Sexual Abuse and Harassment which requires medical staff to provide emergency medical care for victims of sexual abuse. Treatment for sexually transmitted disease will be provided in the case of sexual assault involving penetration. All medical care will be at no cost to the offender. If no medical or mental health staff are on duty at the time of a sexual abuse report, custody staff are required in the facility response plan to keep the offender safe until medical staff can provide services. A memo from the OCC PREA Compliance Manager states

there have been no substantiated reports of sexual abuse that required emergency medical care during 2016 and 2017. Medical and mental health staff interviewed knew about the services they were required to provide and their responsibilities under this standard. The Health Care Manager stated in an interview that sexual abuse victims would be seen immediately to assess for emergent medical needs. If a forensic exam is required the offender would be sent to Mercy Hospital for the forensic exam if the abuse was within 72 hours. The Health Care manager also answered questions about medical's response to sexual abuse which followed the facility coordinated response plan. She also stated that all medical care for victims of sexual abuse would be provided at no cost to the offender.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? X Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? X Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? X Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) X Yes ☐ No ☐ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) X Yes ☐ No ☐ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1-8.13 Offender Sexual Abuse and Harassment was provided and requires medical staff to provide ongoing treatment, including treatment for sexually transmitted infections, for victims of sexual abuse consistent with the level of services in the community at no cost to the offender. Medical and mental health staff interviewed described the services they were required to provide and their responsibilities for follow up treatment services. A memo from the PREA Compliance Manager states the OCC does not house female offenders. This makes substandard (d) and (e) not applicable. The memo also states the facility has not had a substantiated sexual abuse incident that occurred at OCC reported in 2016 and 2017 requiring follow up medical care. The facility did provide documentation of an offender reporting sexual abuse that occurred at a county jail during a risk assessment. The offender was referred to medical and mental health. Medical records were provided that show the offender received a medical and mental health evaluation. The Health Care Manager stated in an interview that all medical care for victims of sexual abuse would be provided at no cost. The Chief of Mental Health Services was interviewed. He stated he has not had a perpetrator of sexual abuse

referred to him at this facility. He also stated that if a sexual assault were to occur at OCC, the perpetrator would be transferred immediately to a “mainline” facility so he would not be able to provide ongoing counseling.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

...

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? X Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? X Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? XX Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? X Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? X Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? X Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? X Yes ☐ No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MoDOC policy D1-8.13 was provided and requires the facility to conduct a sexual abuse debriefing for sustained and unsubstantiated reports of sexual abuse within 30 days of the investigation finding. A memo from the OCC Compliance Manager states the OCC has not had a report of sexual abuse in 2016 and 2017. Therefore, there have been no incident reviews conducted. The agency requires a PREA Sexual Abuse Debriefing form to be completed. This form has all elements of the standard to be reviewed. The PREA Compliance Manager was interviewed as a member of the incident review team for the facility. He showed me the agency form that would be used to document an incident review and described how the facility would conduct the review. He said reviews would be done during the morning meeting with the Warden and included facility executive staff, medical staff and the custody supervisor.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1.8.13 Offender Sexual Abuse and Harassment requires each facility to use information from the PREA Sexual Abuse Debriefing forms to prepare an annual report that is due in March annually. The facility provided their report for 2016. The report contained all of the required elements of the standard. The agency is also required to provide an annual report which also covers the required elements of the standard. This auditor reviewed several reports on the agency website from 2016 back to 2010. The 2016 report was posted. The Agency PREA Coordinator also provided the 2015 and 2016 DOJ SSV report. *The PREA Coordinator stated during an interview that incident data is collected on the COIN system. She showed this auditor what the system looks like on the computer. Only authorized staff can access the system.*

The agency and facility meet this standard based on the policy and documentation of practice provided.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? X Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? X Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? X Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse X Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? X Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? X Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1-8.13 requires the agency to review each facility annual report and compile the data into an agency level annual report that is posted on the agency website. This auditor verified that the agency has annual reports that summarizes data collected from all facilities and compares data for the current year to the last two years. The reports were found to be posted on the MoDOC website. The reports do not contain personal identifying information that would need redacting. The PREA Coordinator stated during an interview that she reviews the PREA incident reports in the electronic system for tracking PREA reports monthly and works directly with the facility Compliance Managers to make any needed corrective actions. She also reviews every facility annual report to compile the information for the agency annual report. The facility PREA Compliance Manager indicated in an interview that he provides the PREA Coordinator a facility annual report that summarizes the facility's data for the year and corrective actions that were completed. During the interview for the Agency Head Designee, the Director of the Division of Adult Institutions stated that the Agency Director approves the annual report.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
X Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? X Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? X Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? X Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1-8.13 requires the agency to review each facility annual report and compile the data into an agency level annual report that is posted on the agency website. This auditor verified that the agency has annual reports from 2010 to 2016 posted on its website. The reports do not contain personal identifying information that would need redacting. The policy requires the data to be retained for 90 years. The PREA Coordinator stated during an interview that incident data is collected on the COIN system. She showed this auditor what the system looks like on the computer. Only authorized staff can access the system.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
X Yes ☐ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? X Yes ☐ No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
X Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? X Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
X Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? X Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency did ensure that each facility operated by the agency was audited at least once. During each one-year period starting on August 20, 2013, the agency ensured that at least one-third of each facility type operated by the agency was audited. I did have access to, and the ability to observe, all areas of the facility. I did request documents and received every document that I requested. I was permitted to conduct private interviews with offenders, staff and volunteers.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) X Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The last audit was published on the Missouri Department of Correction Agency website.

AUDITOR CERTIFICATION

I certify that:

- X The contents of this report are accurate to the best of my knowledge.
- X No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- X I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Alison Yancey

11-22-2017

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

PREA AUDIT: AUDITOR'S SUMMARY REPORT ADULT PRISONS & JAILS

PREA AUDIT REPORT ☐ Interim ☒ Final

Date of report: September 1, 2017

Auditor Information			
Auditor name: Douglas K. Lawson			
Address: 1607 State Street, Ellsworth, Ks. 67439			
Email: douglas.lawson@ks.gov			
Telephone number: 620-875-2728			
Date of facility visit: April 12-14			
Facility Information			
Facility name: Potosi Correctional Center			
Facility physical address:			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 660-646-4032			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Cindi Griffith, Warden			
Number of staff assigned to the facility in the last 12 months: 342			
Designed facility capacity: 902			
Current population of facility: 901			
Facility security levels/inmate custody levels: C-1 through C-5			
Age range of the population: 19 - 82			
Name of PREA Compliance Manager: Stan Payne		Title: Deputy Warden of Offender Management	
Email address: Stanley.Payne@doc.mo.gov		Telephone number: 573-438-6000	
Agency Information			
Name of agency: Missouri Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 2729 Plaza Drive, Jefferson City, MO 65102			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 573-751-2389			
Agency Chief Executive Officer			
Name: Anne L. Precythe		Title: Director	
Email address: Anne.Precythe@doc.mo.gov		Telephone number: 573-526-6607	
Agency-Wide PREA Coordinator			
Name: Vevia Sturm		Title: PREA Coordinator	
Email address: Vevia.Sturm@doc.mo.gov		Telephone number: 573-522-1634	

AUDIT FINDINGS

NARRATIVE

PRE-AUDIT

A Notice of PREA Audit was sent to Potosi Correctional Center (PCC) on February 22, 2017 via the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm and, then PCC PCM, Deputy Warden Jamie Crump. On February 23, 2017, Ms. Sturm responded via email that Deputy Warden Stanley Payne had since assumed the PCM responsibilities at PCC. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit would be conducted on April 12-14, 2017. Additionally, I requested that the pre-audit questionnaire (PAQ) be sent to me no later than March 29, 2017. It should be noted that this audit is being conducted as part of five-state circular audit consortium consisting of Nebraska, Kansas, Missouri, Kentucky and Louisiana. Both Ms. Sturm and DW Payne acknowledged receipt of the Notice of PREA Audit and request for completion of the PAQ.

On March 30, 2017, the auditor received a flash drive containing PCC's Pre-Audit Questionnaire via UPS. The flash drive contained department and agency policies, curriculum and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

On April 10, 2017 a tentative agenda for the PREA audit was sent the Site Coordinator, DW Payne, and the Assistant PREA Coordinator for MDOC, Adam Albach. This agenda outlined when the auditors would be on site, the types of staff and inmates that would be interviewed, and when the audit would conclude. The Site Coordinator was advised of which specialized staff would be interviewed as well as which specialized inmate populations would be interviewed.

ONSITE

The auditor was accompanied on the site visit by a member of the Kansas PREA team, Terrill Brooks, and the Kansas Department of Corrections PREA Compliance Coordinator, Elisabeth Copeland. The team was greeted and given a history and the layout of the facility by Warden Cindi Griffith and Deputy Warden (Site Coordinator) Stanley Payne, as well as other Executive Team members. The agency Assistant PREA Coordinator, Adam Albach, was also in attendance throughout the audit process. After the initial meeting, a detailed tour was provided to the auditing team.

Warden Griffith and Site Coordinator Payne lead the onsite tour. The tour began with the medical department then moved to Housing Unit #1. From there, the tour continued to Housing Unit #4 which housed segregation inmates. The tour continued through the satellite kitchen, the chair factory, visitation, and the chapel before going to the gymnasium, education and library areas. Housing Unit #5 was visited along with the main kitchen/dining room.

The audit team viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders via control center operators. PREA reporting information was placed near offender phones in each living unit. It was noted that emotional support service information was missing in some places in the facility. In all living units, with the exception of the gymnasium, toilets and shower stalls all had appropriate coverings. The "Notice of PREA Audit" was also clearly visible throughout the tour.

In the gymnasium the auditor found that cross-gender viewing could occur as the restroom located on the side of the gym floor had a half-door that allowed viewing directly to the toilet against the far wall. Since female staff may work in this area, this situation was discussed with the administrative staff and the assistant statewide coordinator. Prior to the end of that day the Mr. Albach provided a picture showing that an approximately 8" piece of metal had been welded to the top of the half door, thus obstructing a direct view of the toilet yet allowing staff to still view the upper area of an inmate who may be using the toilet.

In addition to the living units, intake, medical area, outside recreation, inside recreation, dining areas, library, programs, and control posts were also toured. PREA reporting information in English and Spanish was found on every area and was clearly marked. Camera placements were also viewed. Camera views were checked in the kitchen and in the segregation/crises level units. PCC has only male staff monitoring cameras and signs were posted in some living units letting the men know that female staff may be working in their area.

Prior to the tour, the Site Coordinator provided the auditing team with staff rosters from all three shifts and provided a list of specialized staff. The auditor randomly selected three staff from each shift, as well as established times to interview specialized staff.

The Site Coordinator provided the auditor with housing unit rosters. In reviewing the housing rosters the auditor randomly selected five inmates from each unit for a total of 40 inmates to be interviewed. The auditor divided the interviews between Lisa Copeland and himself. No inmates refused to participate in the audit process.

PCC provided appropriate accommodations for the auditors to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files, and any documentation that was requested. Facility staff was great to work with and were very accommodating. The Site Coordinator and Warden were readily available to answer any questions and assist in any way. Staff at PCC was extremely helpful and polite throughout the entire process and escorted the audit team to each housing unit.

Auditors interviewed a total of 37 inmates that had various lengths of stay. The auditors interviewed a total of 27 staff to include the Warden, Site Coordinator, Investigator, Mental Health Staff, Human Resources staff, Intake Staff, as well as random staff from all three shifts and housing units.

Prior to the exit interview, the auditor reviewed onsite documentation and discussed results of interviews conducted by Terrell Brooks and Lisa Copeland. We compared notes and reviewed standards. There was an exit interview conducted at the end of the site visit.

POST AUDIT

After the onsite portion of the PREA audit, this auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

On 09/01/2017 the PREA audit report was submitted to the PREA Resource Center and copies were sent to the Warden and Deputy Warden of PCC, as well as, the statewide PREA coordinator. The submission of this report was well beyond established PREA/DOJ guidelines, as acknowledged by the auditor, and the delay was not related to any action, or lack thereof, by Potosi Correctional Center or the Missouri Department of Corrections.

DESCRIPTION OF FACILITY CHARACTERISTICS

OVERVIEW:

The Potosi Correctional Center (PCC) is located in Mineral Point, Missouri. Additional information, including facility address, visiting hours, etc, can be found on the website <http://doc.mo.gov/DAI/>.

PCC receives offenders sentenced to the Missouri Department Corrections. Inmates may be received at PCC from one of the Reception and Diagnostic Centers or via transfer from another MDOC facility.

The current population at PCC is adult male offenders. During the past 12 months, 305 offenders have been admitted to this facility. Of this number, 303 admitted had a length of stay longer than thirty days. The age range of the current offender populations is 19 - 82 with custody levels being from minimum to maximum custody.

PCC has 342 employees who have contact with the offender population. This staff is responsible for the security of fifteen buildings, which include eight multiple occupancy housing units, six open bay/dorm housing units and a segregation unit. In addition to its 342 employees, PCC also has 77 volunteers and individual contractors who are currently authorized to enter the facility. There are 42 investigators across the State of Missouri with two investigators whose office is located at PCC.

PCC is comprised of six (6) multiple occupancy cell housing units, three (3) single cell housing units, plus one (1) open bay housing unit. They have 176 cells designated as segregation cells for administrative and disciplinary purposes.

1. INTAKE

When offenders are received at PCC they are photographed and assessed. Case management staff interview and evaluate the offenders, who are then subsequently assigned housing based upon the structure of their sentence, history, and individual needs.

2. GENERAL POPULATION

Once an offender is permanently assigned to PCC, he may be placed in a General Population Unit. Corrections Officers supervise the offenders and provide for the security and safety of the housing unit.

3. CLASSIFICATION

Each housing unit is supervised by a Functional Unit Manager (FUM) who supervised the staff and offenders in his/her housing unit. A clerical staff member assists the classification staff in each housing unit.

Each house has at least one Case Managers, some specialty units may have more. Classification staff maintains the offender's classification files to include filing documents and making appropriate chronological entries. They also complete regular Reclassification Analysis (RCA's) and update these as changes occur and process visiting applications.

4. MEDICAL

PCC has an onsite medical facility that provides most medical services with a 24 hour infirmary care. The Missouri Department of Corrections contracts with Corizon Health to provide medical care to the offender population. For PCC, medical services encompass Nursing, Doctors' Sick Call, Dental, Optometry, X-rays, and infirmary care. They are responsible for all medical requests the offenders need on a daily basis.

The medical unit is accredited by the National Commission on Correctional Health Care; however, it does not provide forensic sexual assault medical exams. All sexual assault medical exams are done at the Washington County Memorial Hospital or Parkland Health Center.

SUMMARY OF AUDIT FINDINGS

Potosi Correctional Center presents as an institution that believes incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency, the actions of PCC leadership, as well as the knowledge the staff demonstrated of PREA. PCC leadership appeared confident in their abilities to provide a safe and secure environment for offenders. They asked appropriate questions concerning any areas of possible concern and reacted quickly when potential standards conflicts arose.

The overall theme of the interviews with inmates included feeling safe at the facility and the belief that staff takes reports of sexual abuse seriously. The inmates were able to explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education upon intake. They were also very adamant that male staff do not conduct pat searches or strip searches of the women at the facility. They did state that their case managers discussed PREA reporting with them. They reported that retaliation when making an allegation was not tolerated. All inmates reported they knew that opposite gender staff announced themselves at the beginning of each shift and felt they had privacy when using the restroom, changing clothes, and using the shower. They also reported to seeing the cross gender signs in the dayrooms. Some inmate interviews indicated that once a PREA allegation was made, the victim was immediately placed in segregation. The auditor reviewed five additional random files while on site which are maintained by the Site Coordinator and found that this was not the practice of PCC.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was also very cognizant of how to appropriately work with female offenders. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger they would immediately secure the safety of that individual. It is clear that there is a zero –tolerance culture at PCC.

Interviews with specialized staff were completed and the results were positive and supported the zero-tolerance culture. Each knew their role and responsibilities as it pertains to PREA compliance and documentation. They articulated the coordinated response and the expectations that staff would follow all policies. Administrative staff was very open to any suggestions the auditors presented during the tour and the exit meeting.

Documentation provided in the pre-audit questionnaire was well organized and easy to read. PCC was found to be in compliance with all PREA standards.

Number of standards exceeded: 0

Number of standards met:

Number of standards not met: 0

Number of standards not applicable:

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11(a) PCC has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. (See D1-8.13 Offender Sexual Abuse and Harassment, Section III (A)(2): "The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation." In this same policy the agency outlines how they will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

This same policy also includes specific definitions of offender-on-offender sexual abuse as well as offender-on-offender sexual harassment. Definitions in this policy also define staff-on-offender sexual abuse and staff-on-offender sexual harassment.

PCC also has an additional policy that addresses zero tolerance towards all forms of sexual abuse and sexual harassment. (See D1-8.6 Offender Physical Abuse, Section III (A)(3): "The department has zero tolerance for all forms of offender abuse and retaliation." In III (B)(1), it further states, "Failure to report that an offender has been abused is a class A misdemeanor."

In addition to this policy, IS19-1.1, "Conduct Rules and Sanctions," Section II (N) Rules of Conduct (7), defines Forcible Sexual Misconduct: 7.1 Using force, coercion or threats of force to obtain the compliance of another in any type of sexual activity. Additionally, this same policy, it states, "The first 9 conduct violations rules (1-9.4) shall be considered major conduct violations. Major conduct violations shall normally result in more severe sanctions than other violations. Any conduct violations, under unusual or extreme conditions, may be considered a major violation if so recommended by the adjustment board and approved by the warden/designee."

The auditor also reviewed the employee handbook. On page 20, "Offender Abuse and Sexual Contact with an Offender," it states, "...A person commits the crime of offender abuse by knowingly injuring the physical well-being of an offender by beating, striking, wounding or by having sexual contact with an offender. Offender abuse is a class C felony, which carries a maximum sentence of incarceration of seven years." It goes on to state "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor."

During the interviews with offenders at PCC, the auditor asked, "Do you feel that staff takes reports of sexual abuse and sexual harassment seriously?" The response from the offenders ranged from a simple "yes" to "they take it almost too seriously." When asked to explain what they meant by "they take it almost too seriously," the inmates explained that once a report is made staff is quick to "snatch" up everyone involved. They stated they are removed from the housing unit and talked to by investigators."

Through the tour of the facility, the auditor noticed signage in every living unit, recreation areas, dining halls, education building that stated sexual abuse is not tolerated at PCC. Signage also included ways offenders could report such abuse.

115.11(b) Missouri Department of Corrections (MDOC) has designated an upper-level, agency wide PREA Coordinator. The position of the PREA Coordinator is listed in the MDOC's organizational chart and is under the department's General Counsel. In addition, PCC has also designated the Deputy Warden of Offender Management (Stan Payne) as the PREA compliance manager (Site Coordinator). This position is also listed in the facility's organizational chart and reports directly to the Warden of PCC. Both positions are required per policy D1-1.13, Offender Sexual Abuse and Harassment, Section III (A)(4) and (5).

The site coordinator (PREA Compliance Manager) states that he has adequate time to complete his duties. He also reported helping to provide annual PREA training and on-line basic training. He stated that Field Training Officers are also used to deliver PREA training.

The statewide PREA coordinator has worked closely with the state's facilities in preparing them for their upcoming audits. The site coordinator states that he receives good direction from Central Office and they work quickly to resolve issues.

During this interview, the site coordinator was able to walk the interviewer through PCC's coordinated response and gave examples of how

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this response has come into play at this facility.

115.11(c) N/A PCC only operates one facility.

Standard 115.12 Contracting with other entities for the confinement of inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.12(a) N/A PCC does not contract with private agencies or other entities for the confinement of inmates.

115.12(b) N/A PCCC does not contract with private agencies or other entities for the confinement of inmates.

NOTE:

It should be noted that PCC's parent agency, Missouri Department of Corrections (MDOC) does contract with private agencies and other entities for the placement of inmates.

The requirement of the parent agency to require any new contract or contract renewals with private agencies or other entities the obligation of that party to adopt and comply with the PREA Standards.

This language can be found in MDOC's policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (9), states, "All residential contractors shall adopt and comply with PREA standards as outlined in their contract with the department..." The policy also states that Chief Administrative Officer or designee shall regularly audit residential contractors to ensure compliance with the PREA standards and the department may enter into contracts with an entity that fails to comply with PREA standards only in emergency circumstances.

Standard 115.13 Supervision and monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.13(a) MDOC requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (10)(11), states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender populations, and the prevalence of substantiated and unsubstantiated offender sexual allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted."

In 2009, the MDOC Division of Adult Institutions established Correctional Officer staffing patterns for all facilities noting minimum staffing

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for all posts. The Division of Adult Institutions operates with an overall ration of one officer to six offenders, (1:6). MDOC follows National Institute of Corrections suggested methods of calculating staff needs per post. The ratios of supervisory staff to corrections officer and other staff is as follows: One to seven (1:7) Sergeants to Corrections Office I and a one to three (1:3) Lieutenant to Sergeants.

The Warden states that staffing levels are constantly monitored by the security supervisors. There is a plan in place to collapse posts such as the recreation yard if inclement weather would lead to staff shortages. If necessary, PCC would require officers to work overtime hours to meet minimum staffing levels.

The site coordinator, DW Stanley reports that cameras have been added in several areas in order to reduce blind spots and assist with overall monitoring of the facility.

115.13(b) N/A PCC has had no circumstances where there were deviations from the staffing plan.

115.13(c) PCC provided a copy of a memo from Dave Dormire, Director of Division of Adult Institutions to the statewide PREA Coordinator with PCC's Chief of Custody being carbon copied. The memo, dated July 24, 2015, reads, "This is in response to the Division's compliance to PREA Standard – 115.13 Supervision and monitoring. In regard to our staffing, the division continually reviews our staff planning to provide adequate staffing levels and we currently have no significant changes. If any one of the below eleven components would change, it would trigger a review of our staffing plan. Thank you."

Policy D4-4.8, Security Camera Operations, states, "To assist in the prevention, detection and prosecution of offender sexual abuse and overall security of the facility, the CAO or designee will monitor the feasibility of placement and the need for new or additional requirements equipment. The CAO or designee will maintain a current document reflecting existing video equipment, requests for new purchases, and identified areas needing video surveillance. When debriefing critical incidents consideration shall be given as to whether security camera equipment or monitoring should be augmented to supplement supervision by staff in accordance with department procedures regarding serious incident reporting and debriefing."

Auditor reviewed PCC's calendar year 2016 annual report. This report incorporates the review PREA cases, overview of the facility's handling of PREA cases (to include any corrective action the facility implemented), evaluation of monitoring systems as well as the staffing plan. The evaluation of camera and monitoring systems and the evaluation of the staff plan were completed on January 4, 2017.

115.13(d) Policy D1-8.13, Offender Sexual Abuse and Harassment, states, "Each facility shall ensure the intermediate-level or higher supervisors conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Each facility shall ensure that rounds occur periodically in all areas of the facility. Staff members shall be prohibited from alerting other staff members that these rounds are occurring. The rounds will be documented and readily accessible during audits as outlines in the facilities standard operating procedure."

PCC also provided copies of post orders for shift supervisor, assistant shift supervisor, relief lieutenant, zone 1 supervisor, and zone 2 supervisor. All post orders include the following directive in the Duties section:

C. Conduct unannounced rounds to identify and deter offender sexual abuse and sexual harassment.

1. Ensure that rounds occur periodically in all areas of the facility.
2. In areas where sign in sheets are available, supervisors shall utilize the sign in sheets to document the rounds. For areas where log in sheets are not available, documentation shall be made on the shift chronological log.

Each post order also includes the following statement, "No staff member shall alert other staff members that an unannounced supervisor round is occurring."

The Auditor spot checked several logs throughout the living units and was able to verify that supervisors are conducting unannounced rounds. The living unit officers indicated that at least one supervisory staff visits their living unit unannounced during their shift.

The Auditor spoke with the Chief of Custody who indicated that he periodically monitors the log books to ensure that supervisors are conducting unannounced rounds.

Standard 115.14 Youthful inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.14(a)(b)(c) PCC does not house youthful offenders.

NOTE: MDOC Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III, (C)(4), states, "A youthful offender shall not be placed in a housing unit which he shall have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters..."

This is also required by Missouri law: Chapter 217, Department of Corrections, Section 217.345, dated August 28, 2013.

Standard 115.15 Limits to cross-gender viewing and searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☒ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.15(a) PCC is a male only facility and does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. In the past twelve months there has been no cross-gender strip or cross-gender visual body cavity searches of inmates.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C) (7), "Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services procedure...Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff of opposite gender viewing their breast, buttock, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks...Staff of the opposite gender shall announce their presence prior to entering an offender housing unit...Announcements shall be recorded...If a staff member of the opposite gender is required to venture past privacy barriers, and no exigent circumstances exist, the staff shall verbally announce their presence to the offenders and allow the offenders to seek privacy from the staff..."

In the past 12 months there have been no cross-gender strip searches or cross-gender visual body cavity search. The facility did provide an example of the form, MO 931-4701, Cross Gender Search that provides documentation should this event occur.

115.15(b) N/A

115.15(c) Policy IS 20-1.3, "Searches," also states, "Staff members will document a cross gender strip search on the cross gender search form. The shift supervisor will make all applicable notifications in accordance with standard operating procedures and forward the cross gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross gender search form. If it is determined the search was conducted under non-exigent circumstances, it will be referred for review and action as deemed appropriate. The PREA site coordinator will maintain the cross gender search form and supporting documentation as deemed appropriate."

Again, a copy of the form, MO 931-4701, was provided.

115.15(d) Policy D4-4.8 Security Camera Operations, Section III (B), states "As authorized by the CAO, stationary security cameras should be positioned where placement will enhance security operations as to view live monitoring of visual images in areas where offenders may be located...Security cameras may be placed in restroom/shower areas when barriers or camera positioning prevents the capture of images of genitals, buttocks, or female breasts." Further, this same policy it states, "The CAO will designate authorized staff to review visual images at the original source as it relates to their assigned job duties as outlined in standard operating procedures. Access to visual images and recordings should be limited in order to maintain integrity and security. Custody posts designated for the specific purpose of viewing offender confinement within living environments where use of restroom, showers, strip cells, etc., occur shall be designated as same gender posts with

the approval from the appropriate deputy division director.”

PCC provided an excerpt of IS 6-1.3 that states:

Offender Personal Appearance and Grooming:

A. OFFENDER CLOTHING

1. Offenders must be dressed at all times as nudity is not permitted at any time other than when taking a shower or to address hygienic and bodily functions.
2. Offender clothing shall be clean at all times and not worn in any manner or style to identify with or against a gang in accordance with institutional services procedures regarding offender conduct rules and sanctions.
3. Offenders may be required to have clothing laundered at other than normal times due to sanitation or medical needs.
4. Offenders should use privacy barriers provided when using the restroom and when changing clothes.

Auditor reviewed a memo dated February 18, 2016 addressed to all wardens in Missouri from Dave Domire, Director, Division of Adult Institutions. The subject of this memo was “PREA Announcement – Revision.” The memo reads, “When a cross gender staff member is assigned to the living quarters for the duration of the shift, the cross gender announcement shall be made at the beginning of the shift. If no cross gender staff members are assigned to a living quarters, an announcement shall be made every time a cross gender staff member enters the area. All announcements must be logged on the chronological log by the person making the announcement.” This memo further reads, “If a circumstance arises to where a cross gender announcement could comprise the safety, security, and good order of the facility, then the shift supervisor may declare the circumstance to be exigent and grant the authority to wave the announcement. All exigent circumstances shall be documented by the shift supervisor. When immediate assistance is needed such as a 10-49 or a 10-5, prior approval is not necessary from the shift supervisor...To notify hearing impaired offenders of cross gender staff in the housing unit; all housing units should display a sign indicating when a cross gender staff member is present.”

A review of post orders shows that they contain the following directive: “Ensure that appropriate announcements are made regarding female staff/visitors in the unit, at the beginning of shift if a female officer is assigned to the unit, or as necessary when female staff enter the unit during the shift.” During the tour and subsequent visits to the living units, female staff were heard making announcements of their presence upon enter the unit OR the area control center staff would make the announcement via intercom system. Log books contained notation of those announcements. Inmates who were interviewed acknowledged that female staff “always” announce their presence when entering a living unit. Both male and female staff reported receiving training in cross-gender announcements and stated that they make the announcements as applicable upon entering an area where inmates may be using the restroom or in a state of undress.

115.15(e) The facility has a policy prohibiting staff from searching or physically examining transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. The policy D1-8.13, Offender Sexual Abuse and Harassment, Section III, (C) (7c) states, “Staff members shall not perform strip – or pat-down searches or conduct physical examination for the sole purpose of determining an offender’s genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center.”

This is also prohibited in policy IS 11-34.1 Health Assessment and/or Physical Examination at Reception, and in IS 20-1.3 Searches. This policy reads, “The facility shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender’s genital status. If the offender’s genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning the information as part of a broader medical examination conducted in private by the responsible physician.”

Currently PCC has no transgender or intersex offenders housed at the facility. Staff also stated they were not allowed to pat or strip search an inmate to determine their genitalia. Intake staff stated if there was a question on the genital status of an inmate, medical staff would conduct the physical search.

115.15(f) Training requirements for cross-gender pat down searches of transgender and intersex offenders can also be found in D1-8.13 Offender Sexual Abuse and Harassment, page 13. This policy states, “Staff members shall be trained in how to conduct cross-gender pat-down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs.”

Auditor reviewed MDOC statewide lesson plan titled Institutional Searches dated May 2014. Instructions from cross-gender searches can be found on pages 13-14; the lesson plan reads, “As stated before, pat searches are preferable if conducted by same gender staff, but that is not always practical and a cross-gender search must be conducted. The cross gender search is comparable to a same gender pat search but when performed the officer will utilize the back of the hand to search the following areas: 1) chest or breast area, 2) sides, 3) armpits, 4) lower abdomen, and 5) buttocks. Please note a male officer search of a female offender will only occur during an exigent circumstance. Policy IS 20-1.3 states that an exigent circumstance is any set of temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.” At this point of the lesson plan, participants watch two training videos: “Thorough

Female on Male” (7:40 minutes) and “Thorough Male on Female” (7:58 minutes).

Transcript for the Thorough Female on Male Pat Search can be found on pages 14 -16 and the Transcript for Transgender, Intersex or Gender Unknown Searches can be found on pages 20 -21 of the curriculum. The lesson plan reads, “Another unique search is a search involving a transgender, intersex or gender unknown offender. PREA requires the Missouri have a standard in place for pat search of transgendered and intersex offenders. Policy IS20-1.3 states that when pat searching a transgender male offender, male staff will utilize the female search technique when searching the offender’s upper torso. If the gender of the offender is unknown, a female staff member will be assigned to perform the pat search.”

PCC provided training records showing that 424 participants were trained in this curriculum from January 1, 2014– December 31, 2015.

Staff interviewed readily recalled receiving the aforementioned training and implementing it as prescribed.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC has established procedures to provide disabled inmates and inmates with limited English proficiency equal opportunities to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

115.16(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C) 6, states, “ The department shall provide PREA related education in formats accessible to all offenders including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department’s procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender’s native language. If the documents are unable to be translated as a recognized language the departments PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through the PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment. ”

PCC provided examples of PREA Brochures and Acknowledgement Forms in the following languages: English, Japanese, Servo Croatian, Spanish, Vietnamese, Russian, Simplified Chinese, Traditional Chinese, Large Print and Braille. PREA posters were in English and Spanish.

Transcripts of the video, “Speaking Up,” from the National Institute of Corrections are available for the hearing impaired. They are available in English and Spanish.

There was one hearing impaired inmate at PCC during the audit visit.

PREA posters were located throughout the facility in English and Spanish. Acknowledgement forms were provided for various languages, including Chinese, Vietnamese, Russian, and Japanese, among others.

Auditor reviewed the following contracts: Sign Language Interpretive Services (8/19/2016), Verbal Language Interpretation Services (6/14/2016).

Random staff interviews indicated that staff was aware of other staff member that could be used as interpreters. PCC provided a listing of staff interpreters (dated April 2016) within the Missouri DOC for various languages, including: Russian, French, Polish, German, Afrikaan, Spanish, Tagalog, Bosnian, and many others.

It should also be noted that as part of all institutional basic training, staff receive a two hour course on special needs offenders. This course

focuses on comparing and contrasting individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Staff will assess potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

115.16(c)

The following statement is contained in policy D1-8.13, Offender Sexual Abuse and Harassment: "Offender interpreters will not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first responder duties, or the investigation." The PCC Coordinate Response states, "If an offender interpreter is utilized during this exigent circumstance, the shift commander will note such on the Notification Checklist." NOTE: No inmate interpreters have been used in this type of circumstance in the preceding 12 month period.

Standard 115.17 Hiring and promotion decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC has several policies in place that prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor, volunteer, or intern who has engaged in sexual abuse of an inmate. These are found in the "D2" section of their facility policies.

115.17(a) Policy D2-2.2 Background Investigations, states that, "Individuals being interviewed for positions within the department shall be notified that a background investigation will be completed prior to his employment with the department." It also states that employment checks will be with "...all past and/or present institutional employers pertaining to information on sustained allegations of offender or resident sexual abuse and/or harassment."

In reference to active employees, D2-2.2 states the following for:

1. Promotional and Other Appointments:

- a. Background investigations for final candidates for promotional, other appointments and voluntary demotions shall include education, employment, and military service.
- b. A check will be conducted on the active employee through Central Office Human Resources to inquire if there has been any formal discipline for sustained allegation(s) of sexual abuse and/or harassment of an offender or resident. All sustained allegations will be considered by the department before an employee is promoted or considered for other appointments.

2. Transfer:

- a. Background investigations for final candidates for transfer shall include checking previous employment only.
- b. Background investigations for class transfers shall include education, employment, and military service.

PCC provided a copy of an email from the State HR Director dated 12/1/2014 to all facility Human Resources divisions outlining ineligibility of applicants with substantiated allegations or resigned during an investigation.

PCC provided evidence of background checks that were completed on both pre-employment candidates via Application for Employment and for promotional appointments. The Application for Employment asks these questions: (1) Have you previously or do you currently work in or volunteer for a prison, jail, lockup, community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehabilitation center, juvenile facility, or other correctional facility (public or private)?, (b) While working or volunteering at this facility, were you terminated or otherwise disciplined or counseled for sexual contact with or sexual harassment of an inmate, detainee or resident of the facility?, (2) Have you pled guilty to or been found guilty of engaging in sexual activity or attempted sexual activity involving force or inflicted

upon a person unable to consent? This includes but is not limited to, suspected imposition of sentence (SIS) or the following crimes:

- Forcible Rape (or attempted forcible rape)
- Statutory rape (or attempted statutory rape)
- Sexual Assault
- Forcible sodomy (or attempted forcible sodomy)
- Statutory sodomy (or attempted statutory sodomy)
- Child molestation
- Deviate sexual assault
- Sexual misconduct involving a child
- Sexual contact with a student
- Sexual misconduct
- Sexual abuse
- Sexual contact with a prisoner or offender,

(3) Have you been found to have engaged in a sexual activity or attempted sexual activity involving force or inflicted upon a person unable to consent, by a civil or administrative body? This includes actions taken upon a professional license or a professional registry and any internal administrative investigation results.

115.17(b) In addition to Policy D2-2.2 containing information on promotional appointments, Policy D2-2.8, Promotional Appointments, states:

4. Prior to approval of a promotional appointment, regardless of the salary range, a check will be conducted of the employee's official personnel file through central office human resources. This check will be performed to ensure the employee has received no formal discipline for sustained allegations of sexual abuse and/or harassment or any information indicating any pending or adjudicated criminal charges. All sustained allegations will be considered by the department before an employee is promoted.

115.17(c)

The human resource director at PCC states that criminal background checks are done for all newly hired and returning employees.

115.17(d) D2-2.2, Background Investigations, defines Staff Member as:

Any person who is:

1. Employed by the department on a classified or unclassified basis (permanent, temporary, part-time, hourly, per diem) and are paid by the State of Missouri's payroll system;
2. Contracted to perform services on a recurring basis within a department facility (such as, medical services, mental health services, education services, vocational services, substance abuse services, etc.) pursuant to a contractual agreement and has been issued a permanent department identification card;
3. A volunteer in corrections;
4. A student intern; or
5. Issued a permanent department identification card or special access in accordance with department procedure regarding staff identification.

The policy specifically lists:

3. Contract Staff/Volunteers/Student Interns:
 - a. Contract staff, volunteers, and student interns shall have a background investigation conducted that consists of the criminal history check and any violations that have been reported to pertinent professional licensing and/or certification organizations if applicable.
 - b. The criminal history check shall be conducted at the worksite by the CAO or designee.

115.17(e) D2-11.14 Annual Employment Requirements reads, "Each calendar year, in the month following each staff member's birth month, specific employment requirements verifications should be conducted; a criminal history check shall be conducted to include outstanding warrants..." The policy goes on to read, "Criminal history checks will be conducted and will consist of a query through the Missouri Uniform Law Enforcement System (MULES), and the National Criminal Information Center (NCIC) system. Staff members conducting the Missouri Uniform Law Enforcement System and National Criminal Information Center checks will document the name and title of the requestor and the reason for the request on the criminal history record log/printout. When adverse findings are not, the CAO will be notified and copied on the criminal history printout."

Policy D2-2.2 Background Investigations reads, "A check will be conducted on the active employee through Central Office Human Resources to inquire if there has been any formal discipline for substantiated allegation(s) of sexual abuse and/or harassment of an offender or resident. All sustained allegations will be considered by the department before an employee is considered for other appointments."

A random selection of employee files reviewed by the auditor found that PCC practice is consistent with policy requirements.

115.17(f) The auditor also reviewed the employee handbook. On page 18, "Employee Conduct – Reporting Criminal Misconduct (Arrest)" states, "Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest ranking staff member available. In this context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation.

The human resource director stated that it specifically listed on their applications that all arrests are to be reported to the facility.

115.17(g) On page 45 of the employee handbook, "Employee Discipline," it states, "Appointing authorities of the Department are authorized by state law to discipline employees. Disciplinary action may consist of a written reprimand, suspension, demotion, or dismissal. The appointing authority may discipline an employee based upon unsatisfactory performance of job duties or misconduct...In addition to these actions while on duty, an appointing authority may discipline an employee for off duty misconduct, especially misconduct that is unprofessional or criminal. Employees who have been charged with a criminal offense may be suspended while the charge is pending."

115.17(h) Policy D2-5.1 "Maintenance of Employee Records", Section (III) (K)(3) states, "A verification of information, other than public information, will be made with a written authorization from the employee. Verification may include inquiries from prospective institutional employers pertaining to sustained allegations of sexual abuse and/or harassment of an offender or resident during employment by the department. Such information will be obtained by contracting central office human resources."

Standard 115.18 Upgrades to facilities and technologies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.18(a) N/A Potosi Correctional Center has not had any substantial expansions or modifications since the last PREA audit.

115.18(b) The PCC PREA Annual Report was reviewed and it contains the following information:

Evaluation of camera and monitoring systems:

Completion date: January 4, 2017

Completed by: Cindy Griffith, Warden; Jamie Crump, Deputy Warden/PREA Site Coordinator; Greg Dunn, Chief of Custody; Darren Lawson, PPS III; Stan Payne, Deputy Warden; and Travis Crews, Assistant Warden.

NOTE: The evaluation of camera and monitoring systems is a fluid process which is discussed as needed during the daily morning meetings.

Needs identified: ☒ Yes ☐ No

If needs were identified, action taken: Areas were identified that are in need of additional camera coverage. The areas include: Chapel / IAC area to point from the Chapel toward the IAC office, Laundry to cover the rear of the laundry area, and the Chair factory to cover the rear of the shop and the hallway from the shop to the exit door. Maintenance states they have five (5) cameras ordered and will install them as time allows.

Progress has been made in electronic monitoring for this reporting period. Six (6) additional cameras were added to the existing monitoring system and twenty five (25) cameras were replaced with the newest model of Pelco cameras. The following is a least of the added cameras and updates to the electronic monitoring system

- Three (3) new cameras added to Zone 2 dining
- One (1) new camera in the Chapel

One (1) camera in the hallway to the Warden's office which is monitored by the Warden's Senior Office Support Assistant.

- One (1) camera added to the rear of the MSU
- Old Ameba DVR(s) replaced with Pelco Digital Encoders
- Pelco DX8100 in Housing Unit 5 replaced with a Pelco Digital Encoder
- Pelco Digital Encoder installed in the Chapel area
- Installed battery backups to ensure video coverage during power outages
- Replaced 25 older model cameras with the newest model of Pelco cameras
- Added storage to the remaining DSSRV(s)

Installed PC(s) in the Housing Unit Control Rooms to allow Control Room Officers to monitor activities inside the Housing Unit.

Additionally, Missouri DOC policy D4-4.8 Security Camera Operations states:

C. ASSESSMENT:

1. To assist in the prevention, detection and prosecution of offender sexual abuse and overall security of the facility, the CAO or designee will monitor the feasibility of placement and the need for new or additional equipment.
 - a. The CAO or designee will maintain a current document reflecting existing video equipment, requests for new purchases, and identified areas needing video surveillance.
 - b. When debriefing critical incidents consideration shall be given as to whether security camera equipment or monitoring should be augmented to supplement supervision by staff in accordance with department procedures regarding serious incident reporting and debriefing.

DW Payne stated that the facility took a "proactive rather than reactive approach" when utilizing cameras and their placements.

While touring the PCC it was noted that the facility had excellent camera coverage. Camera placement along with direct supervision of the staff reduced blind spots and enhanced the safety of the offenders housed at this facility.

Standard 115.21 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC is responsible for conducting administrative and criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). Investigations conducted at PCC follow a uniform evidence protocol.

Forensic medical exams are offered without financial cost to victims. All exams, where possible, are conducted by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners. If they are not available qualified medical professionals conduct the exams.

Qualified Staff trained as victim advocates are made available to all victims.

115.21(a) Auditor reviewed an email from the State PREA coordinator that, "We utilize nationally recognized protocols for the collection and preservation of evidence as discussed in the "A National Protocol for Sexual Assault Medical Forensic Examinations".

Additionally, she reports, "We didn't use a specific source; we follow the national standards based on training received."

Evidence collection is handled according to MDOC policy

Corizon Health is responsible for providing all medical and mental health services to offenders placed in the custody of MDOC. They are responsible for conducting initial medical exams on all sexual abuse cases. Auditor reviewed the contractual requirements MDOC has with Corizon. On pages 42 and 43 of the contractual requirements, it reads "Corizon will comply with the Prison Rape Elimination Act of 2012 and will follow and enforce the MDOC's D1-8.14 Offender Sexual Abuse and Harassment policy with the assurance that access to medical and behavioral health care will be provided immediately, upon report or discovery, to victims of sexual misconduct. Corizon's medical and behavioral health care staff will contribute to a coordinated response to all allegations of sexual abuse by relaying, to the designated MDOC

administrative staff, information pertinent to the well-being of the offender(s) of for investigative purposes. Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treatment. Corizon has contracts and access through HealthLink for accessing SANE/SAFE providers. Appropriate follow-up for prophylactic treatment and referral to mental health staff will be completed upon return from the crises center.”

During the interviews of random staff most stated they would secure and separate the offenders. However, one staff noted that he They explained they would not allow anyone to shower, get a drink or change clothes. They stated they would secure the scene and notify their supervisor. While some of the staff was not sure who was responsible for conducting the sexual abuse investigations, they all knew their role in preserving evidence.

115.21(b) Evidence collection is based on nationally recognized protocols for collection and preservation of evidence as discussed in the “A National Protocol for Sexual Assault Medical Forensic Examinations.” The State PREA Coordinator reports, “We didn’t use a specific source; we follow the national standards based on training received.” The State Coordinator also reports this protocol is appropriate for youth.

115.21(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (G) Health Services Care, states “Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment. When conducting a medical assessment of any victim or alleged or suspected perpetrator of an incident of sexual abuse or sexual harassment health services staff members may not collect evidence but shall assist in the preservation of items related to the incident. Health services staff members should screen victims for obvious physical trauma, and at that time provide emergency medical care. If an allegation of offender sexual abuse is made within 72 hours of the event and consists of penetration of the mouth, anus, buttocks or vulva, of any kind, however, slight, by hand finger, object instrument or penis, the victim should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible, for gathering of evidence. If it has been greater than 72 hours since the alleged abuse, and the alleged victim has not showered, they should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible for gathering of evidence. Health services staff members should contact the shift commander and the community emergency room to arrange transportation to the emergency room in accordance with institutional services procedures regarding offender transportation, hospital and specialized ambulatory care. If the victim has showered and it has been more than 72 hours since the reported assault, the physician should determine treatment and whether or not the victim will be sent off site for a forensic exam. For investigative purposes, the investigator may choose to have the victim sent out for a forensic exam.” PCC utilizes Washington County Memorial Hospital in Potosi, MO. (approx. 3 miles from the facility) for all SANE/SAFE’s. In the past 12 months, no exams have been performed.

115.21(d)(e) In addition, policy D1-8.13, “Offender Sexual Abuse and Harassment,” Section III (K), addresses Advocacy. It states, “Each facility shall offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention and be available during the investigative process. Each facility shall attempt to enter into a memorandum of understanding with a rape crisis center to provide advocacy services in accordance with the department’s procedure regarding professional and general services contracts. If a facility is unable to enter into a memorandum of understanding with the advocacy center, the attempt shall be documented and advocacy services shall be sought from a community based organization qualified to provide such services. When the facility cannot successfully enter into a memorandum of understanding with an outside community service provider for offender victim advocacy services, a qualified staff victim advocate shall be provided. All staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. All services provided by staff victim advocates to offender victims shall be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee shall serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee shall ensure the continuity of advocacy services in the event the victim is transferred while receiving services.”

PCC has a Memorandum of Understanding with the Southeast Missouri Family Violence Council to “provide victim advocates to offender victims of sexual abuse or sexual misconduct...”

During the tour of PCC information about outside emotional support services, such as Just Detention International, was posted throughout the facility.

The auditor interviewed one inmate who claimed he reported a PREA allegation against staff involving himself and another inmate. He claimed that his report was not taken seriously and was handled internally by PCC staff. He stated that PCC staff will not allow such allegation to go to Central Office (“Jeff City”). During the interview he appeared very paranoid and indicated that staff may be listening to him. Upon further inquiry, he revealed that neither his nor the other inmate’s allegation involved the staff member acting for sexual gratification. He stated that the officer in question was just “mean” and doing pat searches more thoroughly than others. A subsequent file review revealed that the officer was found to be completing thorough pat searches and was acting within the scope of sound security practices.

115.21(f) The Inspector General’s Office conducts all criminal investigations for the MDOC. Each facility has investigators assigned to them. PCC currently has two investigators. PCC is responsible for administrative investigations. In addition, the Department has an agreement with the Washington County Sheriff to conduct criminal investigations related to PREA in “extenuating circumstances.”

Standard 115.22 Policies to ensure referrals of allegations for investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency ensures that administrative or criminal investigations are completed on all allegations of sexual abuse and sexual harassment. All allegations of sexual abuse or sexual harassment are referred to the Inspector General for review. They determine if a criminal investigation is to be opened. If they do not open a criminal investigation, the warden then refers the case for administrative investigation.

115.22(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (H) Investigations, states, “The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department’s intranet website...”

See also policy D1-8.4 Administrative Inquiries, reads “The offender sexual abuse coordinated response will be initiated on all allegations of offender sexual abuse or harassment, including anonymous and third party allegations, in accordance with the department’s procedure regarding offender sexual abuse and harassment...Allegations of category II or III behaviors will be processed in accordance with the department procedure regarding the investigation unit responsibilities and actions. Allegations of offender abuse related to pat searches will be handled in accordance with the PREA coordinated response protocol. The office of inspector general may conduct investigations associated with pat searches depending on the nature of the allegation.”

During the past twelve months, PCC received a total of 98 allegations of sexual abuse and sexual harassment. Of these cases 57 resulted in administrative investigations and 41 were referred for criminal investigations.

115.22(b) Policy D1-8.1 Investigation Unit Responsibilities and Actions define offenders’ sexual harassment by a staff member and staff member sexual misconduct. This policy reads, “The facility shall report all allegations of sexual abuse, including third-party and anonymous reports, in accordance with the department procedure addressing offender sexual abuse and harassment. If the department receives notification from another agency that an offender alleges to be a victim of sexual abuse or harassment while incarcerated in the department, an investigation or inquiry may be conducted in accordance with investigation unit responsibilities and actions or administrative inquiries procedures.”

115.22(c) Policy D1-8.13 Offender Sexual Abuse and Harassment can be found on MDOC website at <http://doc.mo.gov/OD/PREA/php>

Standard 115.31 Employee training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

PCC trains all employees who have contact with inmates on the 10 elements identified in this standard.

115.31(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (4), covers training requirements for new staff, current staff, part-time employees, volunteers, contract staff members and vendors. "All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years, in which an employee does not receive training, the department's PREA coordinator shall provide current information on sexual abuse and sexual harassment policies. Part-time employees, volunteers and contract staff members shall receive PREA specific training to their classification as determined by the appropriate division director and chief of staff training. Vendor contractors shall be escorted by a staff member at all times or shall receive PRA training prior to entering the facility. Contracted residential facilities shall ensure all staff are trained on PREA as outlined in the residential contract. Work release supervisors shall receive specific PREA training during their offender work release procedure training."

Auditor reviewed the following curriculum: Basic Training, dated November 2013; and PREA (September) 2016 Refresher Training. Both the Basic Training and the Refresher Training curriculum contained the 10 elements required in this standard.

All staff interviewed during this audit was able to describe major portions of the training they received on PREA.

115.31(b) Policy D1-8.13 Offender Sexual Abuse and Harassment also reads, "All new staff member who shall be placed at a female facility will receive Working with the Female Offender training prior to being placed on post. A staff member shall receive additional training if they are reassigned from a facility that houses only male offender to a facility that houses only female offenders. A staff member shall receive additional training if they are from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional training occurred more than two years prior to the time of assignment."

A memorandum from the Site Coordinator dated March 6, 2017 reiterates that PCC does not house female inmates.

Policy D2-2.13 Transfer of Employees (E), page 6, covers training requirements for staff that transfer between facilities.

115.31(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (B) (4) reads, "All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years, in which an employee does not receive training, the department's PREA coordinator shall provide current information on sexual abuse and sexual harassment policies."

Auditor was also advised, "The department utilizes several avenues to ensure staff are kept informed about sexual abuse policies and practices between trainings. The department's policy and procedure unit is responsible for forwarding all new and revised policies to all staff. MDOC ensures the PREA intranet page is kept up to date. This page is readily available to all staff and contains all things PREA." (Auditor was provided an example of what this page looks like.)

115.31(d) Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, "All completed PREA trainings shall require a PREA Acknowledgement form or PREA basic training acknowledgement form stating the staff member understood and completed the training. This form shall be routed through the facility training officer or regional training coordinator. The facility training officer or regional training coordinator shall send the original PREA acknowledgement form to the central office human resources personnel for retaining in the employee's personnel file..."

Auditor reviewed training records of random staff found signed acknowledgments in each file.

Standard 115.32 Volunteer and contractor training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

115.32(a)(b) Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, "Part-time employees, volunteers and contract staff members shall receive PREA specific training to their classification as determined by the appropriate division director and chief of staff training. Vendor contractors shall be escorted by a staff member at all times or shall receive PRA training prior to entering the facility. Contracted residential facilities shall ensure all staff are trained on PREA as outlined in the residential contract. Work release supervisors shall receive specific PREA training during their offender work release procedure training."

Auditor reviewed the following curriculums:

- PREA Basic (This is the same training that all staff receive.)
- Volunteers in Corrections Basic Training (2 hour course)
 - PROGRAM OVERVIEW

Professionalism, customer service and ethical behavior are the focus of this program, as participants work together to discover the requirements of the Missouri Department of Corrections. The five step decision making model is introduced and participants will have the opportunity to apply the concepts addressed in this module.

- Offenders Work Release Procedures Training (3 hour course)
 - PROGRAM OVERVIEW

This program was written as a guide to aid work release supervisors. It will give them information to effectively supervise an offender work release crew and keep order to ensure the offenders perform their jobs correctly and receive valuable job training. This class is designed to provide guidelines for professionally appropriate relationships between the supervisors and offenders, and ways to protect the supervisors from being manipulated by the offenders. This training will also serve as an introduction to the new PREA standards and how they apply when working with offenders.

While interviewing contract staff, they reported they not only received PREA training from the facility, they also received PREA training from their employers.

115.32(c) Auditor was provided several signed training acknowledgement sheets to show staff received PREA information in Basic and Annual training cycles. Additionally, PCC provided copies of contractors signed acknowledgement sheets showing that site supervisors had received PREA training.

Standard 115.33 Inmate education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC provides information to inmates at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and harassment.

115.33(a) Memo from Director of Division of Adult Institutions, dated 4/11/2012 to all Wardens discussed PREA – Offender Education. This memo stated that the "Speaking Up" video must be shown during formal orientation at all Reception and Diagnostic Facilities and again when they arrive at mainline facilities. They must also receive the PREA brochure "Offenders Sexual Abuse: What you need to know."

Intake staff stated that PREA information is provided to all offenders on the day they arrive at PCC even though they have up to 72 hours. They do not leave intake without watching the PREA video. They are also given a brochure at this time.

When talking with inmates at PCC, all stated they watched the PREA video and received PREA information upon arrival. When the auditor asked them what they remembered about the video they stated that the environment portrayed did not reflect what they experienced at PCC. The offenders stated that they saw the video “immediately”, “before I left orientation” or “the first day I was here.” It appears from their statements that the offenders are given the required information.

115.33(b) Auditor reviewed a memo from the Site Coordinator. It was titled, “PREA Offender Education.” The memo reads, “Offender PREA education is provided at PCC through the “Offender Brochure” and “Speaking Up” video the brochure is distributed and video is shown during receiving and orientation with a Case Manager reviewing the lesson plan. In addition, the video is played on the institutional television channel on regular basis. In addition, PREA posters throughout the institution are posted in Spanish and English.”

In the past 12 months, a total of 305 inmates received PREA education. This was done in the form of the educational videos and brochures. In addition, information posters were found throughout the facility.

115.33(c) Auditor reviewed an email sent out to all Site Coordinators from the Statewide PREA Coordinator on August 12, 2013. This email contained the following directive: “Don’t forget that sometime between August 8 and August 13, every offender in your facility must receive a PREA brochure and sign the acknowledgement form. I have attached the memo that you received during the meeting that will outline how to order additional brochures or acknowledgment form. Also...we learned during the DAI meeting that everything can be purchased with canteen funds.”

115.33(d)(f)

Policy D1-8.13 states:

6. Offender Education:

- a. The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders.
 - (1) Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language.
 - (A) If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language.
 - (B) If the documents are unable to be translated in the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided.
- b. The PREA site coordinator shall be make key information readily available or visible to all offenders through the PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment

PCC provided examples of PREA brochures and posters in the following languages: English, Japanese, Serbo Croatian, Spanish, Vietnamese, Russian, Simplified Chinese and Traditional Chinese. Brochures are also available in large print and braille. There is also a written transcript of the video “Speaking Up for Male Offenders” in English.

Throughout the tour the audit team viewed PREA informational posters in all living units and other areas inmates gathered. These posters were in English and Spanish.

115.33(e) PCC provided copies of signed acknowledge forms indicated that they had both received the PREA brochure and attended an orientation where they received information about PREA.

115.33(f) PCC provided copies to the auditor of posters that are on display throughout the institution. These posters speak to zero-tolerance for sexual abuse/harassment, advocate reporting, and provide contacts/phone numbers to report information.

Standard 115.34 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Agency maintains documentation of such training.

115.34(a) PCC provided the auditor the lesson plan for "PREA Specialized Investigator Training." The overview of the four (4) module program states: This is the (# of module) of a multi-part program addressing the investigation of allegations offender sexual abuse in confinement settings. The Missouri Department of Corrections is making a focused, pro-active effort to train for the investigative response to charges of staff or offenders who have engaged in illegal contact with the Missouri offender population. Designed in accordance with the Prison Rape Elimination Act (PREA), this training program is designed for staff conducting investigations into sexual abuse and harassment allegations.

115.34(b) In addition to the initial training (115.34(a)), investigators attend a six (6) part training entitled "Investigating Offender Sexual Abuse in Confinement Settings." The program overview states: This is the (module #) of a multi-part program addressing the investigation of allegations offender sexual abuse in confinement settings. The Missouri Department of Corrections is making a focused, pro-active effort to train for the investigative response to charges of staff or offenders who have engaged in illegal contact with the Missouri offender population. Designed in accordance with the Prison Rape Elimination Act (PREA), this training program is designed for the investigative staff of the MDOC Inspector General office.

This training curriculum also included a module titled "Mock Crime Scene Investigations" wherein participants took what they learned in previous modules and applied it a practice setting.

115.34(c) PCC provided a roster of investigators with a list of trainers to verify that agency investigators have been trained in the two training courses listed above. The auditor was able to review the rosters showing that the investigators assigned to PCC have received the required training between 1/1/2013 and 9/4/2014.

Standard 115.35 Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC has a policy related to training of medical and mental health practitioners who work regularly on its grounds. They do not provide forensic examinations.

115.35(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B), states, "Medical and mental health staff members shall receive annual specialized PREA training."

The auditor was provided the lesson plan for “PREA- Specialized Medical/Mental Health Professionals Training.” The overview of this two-hour course, dated May 2015, states: This training class is for Medical and Mental Health Professionals working with the Missouri Department of Corrections (MDOC) and serves as review of the PREA standards and how they apply to Mental and Mental health professions/roles throughout the department. Course includes information on the federal Prison Rape Elimination Act Guidelines; a definition of PREA; its applicability to all MDOC staff; and definitions of offender sexual abuse.

A copy of an email from Stephanie Griner, Training Academy, explains why the course was reduced from the prior length of 4 hours.

115.35(b) A memorandum provided to the auditor, dated September 22, 2016, states:

“Corizon, the Department’s medical provider, now has certified Sexual Assault Nurse Examiners. These nurses are on a rotation schedule by region. Included in this file, you will find a list of our certified SANE nurses, an overview of the curriculum and one example of the SANE Competency Skills. If you would like additional information, please let me know and I will have the information available to you during the onsite audit.”

In addition, the auditor was provided copies of the list of certified SANE nurses, an overview of the curriculum, and one example of the SANE Competency Skills as stated in the memorandum.

115.35(c)(d) PCC provided copies of training rosters to show that medical/mental health staff have completed both specialized training and contractor training as required by standard and department policy.

Standard 115.41 Screening for risk of victimization and abusiveness

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC has policy that addresses risk assessment screening upon admission to their facility as well as addresses reassessment requirements.

115.41(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C), states “Facilities shall assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure...Offenders shall be assessed within 72 hours of arrival. Offenders shall be reassessed within 30 days of arrival.”

The time frame for administering the Internal Risk Assessment is also found in IS 5-2.3, Offender Internal Classification. Section C. 1. states, “Once an offender is received at the reception and diagnostic center, staff members will have seventy-two hours to complete an internal classification. In this same policy, in Section D. 2., it states, “CCM’s will conduct a new internal classification within 72 hours at that facility and the offender will be housed in accordance with their new internal classification score.”

Additionally, Section F. 1. states, “Upon completion of the internal classification process, a printout of the results will be placed in the offender's classification file in accordance with institutional services procedures regarding classification files and will be maintained in accordance with the departmental procedure regarding record retention.”

Intake staff advised that the risk assessment tool is given to all arrivals within 72 hours, unless they sign the refuse to participate form. Intake staff also report that these inmates are also reassessed at the 30 day mark to see if any changes have occurred. (Auditor did reviewed an example of “Refusal to Participate” form that inmates can sign if the refuse to participate in the risk assessment. Inmates are also told that no sanctions will be given for refusal to participate.)

Inmates that were interviewed states they remembered being asked a “bunch of questions” at when they were at intake. They reported they were asked about prior sexual abuse, if they had ever been incarcerated before and if they were lesbian or bisexual.

There were 305 inmates entering PCC within the past 12 months were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. This auditor reviewed the tracking form used to track the inmates date admitted to PCC, the date of the 72 hour assessment, 30 day review and the date the 30 day review was completed. Most assessments were completed in a timely manner and according to standards. A discrepancy in documentation was noted during a couple of file reviews. Once brought to the attention of Mr. Albach, the necessary documentation was provided and immediate corrective action was implemented to resolve any future discrepancies.

115.41(c)(d)(e) Auditor reviewed PCC's Adult Internal Risk Assessment screening tool and found all 10 elements in this standard were covered. Auditor also reviewed random assessments within the prior calendar year that were completed within 72 hours of intake and another random sample of 30 day reassessments. This tool has been adopted by MDOC and is used in all of their state operated facilities. A memorandum from the Director of the Division of Adult Institutions dated August 27, 2014 was provided showing the implementation of the risk assessment and the changes from the prior tool.

During the interview with a staff member who performs screening for risk of victimization and abusiveness, they reported the screening tool takes into account medical issues, disability, have they been a victim, have they been in prison/jail before, their age, weight, and type of offenses they have committed. They stated this assessment is done when inmates arrive at intake.

115.41(f)(g) Policy IS 5-2.3, Offender Internal Classification, reads, "CCM's will complete a second internal classification within 30 calendar days of the offender's arrival to the facility..."

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (C)(1), pages 10, states "The offenders risk level shall be reassessed when warranted due to referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offenders risk of sexual victimization or abusiveness."

Also on page 4 of this same policy in Section D (3) it states, "A second internal classification will be completed within thirty calendar days of the offender's arrival at the reception and diagnostic center, if they have not been transferred. If there is a change in the offender's internal classification score a case manager will review the offender's housing assignment to determine if a change in bed assignment is required. If an assignment change is required, this must be made on the same day the internal classification is completed. Any time an offender is returned to a diagnostic center this process will be repeated."

A copy of an Offender Management Information System transfer sheet was provided showing that assessments were done within 72 hours of admission on the five inmates selected.

115.41(h) Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, "...The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment."

The Adult Internal Risk Assessment Manual also states, "...The Case Manager should attempt to complete the assessment to the best of their abilities. The Case Manger should note in sections requiring offender response "refused to participate" and answer no to those questions. Offenders cannot be disciplined for refusing to answer questions..."

115.41(i) Policy D1-8.13, Offender Sexual Abuse and Harassment outlines how the internal classification scores will be documented. In Section (F) it states, "(1) Upon completion of the internal classification process, a printout of the results will be placed in the offender's classification file in accordance with institutional services procedures regarding classification files and will be maintained in accordance with the departmental procedure regarding record retention. (2) CCMs will enter the offender's internal classification score into the department computer system along with the date of internal classification and their employee identification number in accordance with the internal classification manual."

The Adult Internal Risk Assessment Manual also states, "Click on Assessment Listing (Do not print the final formed version of the assessment). Find the assessment in the Assessment Listing screen for the offender. Click on the file folder icon in the assessment line. This will bring up another window with the assessment summary. Click on the printer icon at the top of the assessment."

The Site Coordinator reported only case managers have access to the information found on the risk assessment. He reported that line staff do not have access to this information. Intake staff also reported that there is limited access to the information obtained. They also stated that this is in policy.

Standard 115.42 Use of screening information

☐ Exceeds Standard (substantially exceeds requirement of standard)

- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC uses the information from the risk screening required by 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Each determination is based on the individual. PCC has three classifications: Sigma (high risk for sexual victimization), Alpha (high potential for sexual perpetration) and Kappa (not a high risk for either sexual victimization or perpetration).

Housing and program assignments for transgender or intersex inmates in the facility are made on a case by case basis.

PCC has policy in place that outlines the make-up and actions of a transgender committee. This committee consists of administrative staff, medical/mental health professionals, and the inmate to discuss the needs, housing, shower, and safety issues of the individual. In the past twelve months there has been three transgender inmates assigned to PCC. PCC provided memorandums showing that all three inmates were reviewed by the facilities transgender committee.

115.42(a)(b) Policy IS 5-2.3 Offender Internal Classification, Section III (C) Diagnostic Centers, page 1, states "The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines." On page 2 of this same policy reads, "Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities."

In this same policy on page 3, housing based internal classification is addressed. It states, "Upon completion of the internal classification, the offender will be housed according to his score in accordance to the internal classification manual. Whenever possible, sigmas should be celled with sigmas and alphas with alphas. If an offender does not have an internal classification score he should be housed with a kappa with similar demographics until the offender internal classification instrument is completed."

IS 18-1.1, Required Activities, Section III (B) (4), states, "Housing unit staff members will utilize the internal classification information to designate required activities assignments for the purpose of keeping separate and/or ensuring the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working or attending programming together in accordance with institutional services procedures regarding offender internal classification. Housing unit staff members will review internal classification information and forward it to the required activities' supervisor prior to the offender's start date at the required activity."

Further, this same policy states, "The Required Activities Coordinator will notify the work supervisor of the offender's internal classification information. The work supervisor is responsible for knowing the internal classification of their workers and assign tasks in such a manner to ensure the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working. Internal classification information shall not be used by any staff member to preclude placement of an offender in a required activity."

Additionally, Policy D1-8.13 Offender Sexual Abuse and Harassment, "All housing, cell, bed, education, and programming assignments for transgender or intersex offenders shall be made in accordance with the institutional services procedures regarding offender housing assignments and programming assignments."

Site Coordinator stated that information from the assessment tool is used to determine housing, education and programs. He stated it is the policy and practice of PCC not to house potential victims with potential aggressors.

An example of housing assignments was found in a memo dated March 25, 2106 from PCC Assistant Warden to all staff responsible for offender cell assignments. The subject of the memo was "CDV #7 Cell Assignments." The memo states, "Effective immediately, offenders who have been found guilty of a CDV #7.1 Forcible Sexual Misconduct will be housed accordingly. We must make every effort to assign offenders with others who have compatible risk scores. In an effort to do this, please ensure offenders who are classified as Alpha are not celled with an offender whose Adult Internal Risk Score is Sigma. It is possible to run a report in OPII that will indicate all offenders at PCC who have received and been found guilty of a CDV#7.1. Please ensure that you run this report on a weekly basis and that all offenders who have been found guilty of forcible sexual misconduct are celled appropriately as outlined above..."

A memorandum with attachments from Thomas Pearson, FUM, described how PCC uses the assessment tool to assign jobs, determine housing, etc. The attachments provided examples of how this tool is used in various housing units. Housing units' rosters were also reviewed to verify that this practice was currently being followed.

115.42(c)(d)(e)(f)(g) Policy IS 5-3.1, Offender Housing Assignments, also outlines the Transgender Committee. The policy reads, "Each institution shall convene a transgender committee to determine and review an offender's classification on a case by case basis. A transgender or intersex offender's own views with respect to his or her safety shall be given serious consideration. The transgendered committee should meet and have a written recommendation completed within 10 working days of the offender's arrival at the facility. The recommendation should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the prison rape elimination act (PREA) coordinator for review and approval. A response should be made back to the transgender committee within 10 working days. The transgender committee's approved written decision shall be maintained in the offender's classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee will review the housing assignments every six months following the initial determination. Reassessments can be done more frequently as needed on a case by case basis. Transgender or intersex offenders shall be given the opportunity to shower separately from other offenders as outlined by ."

Policy D1-8.13, Offender Sexual Abuse and Harassment, states "Housing assignment for transgender and intersex offenders shall be made on a case-by-case basis by the institutional transgender/intersex committee or designee of the community confinement facilities to ensure the health and safety of the offender in accordance with the institutional services procedure regarding offender housing assignments and the probation and parole procedure regarding risk assessment and housing assignments."

IS 5-3.1 Offender Housing Assignments, addresses Transgender Housing Assignments. It states, "The transgender committee is responsible for determining a permanent housing assignment for each transgender or intersex offender, and prior to this assignment shall meeting with each offender to determine his vulnerability within the general population and length of time living as the acquired gender. Transgender and intersex housing assignments shall not be made based solely on genitalia by must consider the offender's health and safety and the security of the facility through a review of the respective classification, medical and mental health records."

The Site Coordinator reported that PCC does not have a designated wing to house transgender or intersex inmates. He stated that if a transgender or intersex inmate would be assigned to their facility, they would be offered separate shower times.

Standard 115.43 Protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC has policy that prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. In the past 12 months, there has been **no** inmate placed in involuntary segregation.

115.43(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, (F) Segregated Housing in Institutional Setting, states "Following an allegation of offender sexual abuse or if an offender is assessed at being high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include:

- (1) Return to assigned housing.
- (2) Temporary reassignment of staff members.
- (3) Assignment to another housing unit.
- (4) Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim).

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. Offenders who are victims and/or perpetrators in an alleged PREA event will be kept out of sight and sound from each other and be placed in separate wings. If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody."

The following PCC directive was supplied to the auditor: Involuntary Segregated Housing for Protective Custody
The memo states:

A. Following the initiation of the Coordinated Response or if an offender is assessed as being at high risk of victimization the Shift Commander will assess the offender to ensure the offender is housed in the least restrictive housing available to ensure safety.

1. The Shift Commander will assess the offender for appropriate least restrictive housing.
 - a. Options to ensure the safety of the offender and the security of the institution include:
 - i. Return to assigned housing
 - ii. Temporary reassignment of staff
 - iii. Assignment to another housing unit
 - iv. TASC for PC which should not be considered as the first option
 - b. If assessment is due to an alleged PREA event the Shift Commander will notate on the PREA Notification Checklist the recommended housing option.
 - i. If involuntary segregation is recommended for protection and the subject is placed on TASC, the shift commander will note on the PREA Notification Checklist the reason no alternative means of housing is available to ensure safety of the alleged victim.
 - ii. The shift commander will ensure the alleged victims and perpetrators are separated by sight and sound while housed in the Administrative Segregation Unit.
 - iii. Complete a Special Order noting that the two offenders involved in the alleged event should be kept sight and sound separated to the extent possible.
 - c. If the assessment is due to an offender being viewed as being in substantial risk of victimization, in the absence of an allegation of offender sexual abuse, and TASC is recommended to ensure the offender's safety, the shift commander shall note on the TASC order "PREA risk".

Some inmates interviewed believed that reporting a PREA violation would result in a segregation placement for the reporter/victim. The auditor could not find documentation to support this claim. Files reviews did not indicate that segregation placement is the preferred practice for housing an inmate reporting a PREA violation.

115.43(b) IS 21-1.1 Temporary Administrative Segregation Confinement, lists reasons that an inmate may be placed in segregation following a PREA allegation. Those reasons are:

an offender is an immediate security risk;

or

there is an urgent need to separate the offender from others for his/her own safety or that of others;

115.43(c) PCC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

115.43(d) PCC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

115.43(e) PCC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

Standard 115.51 Inmate reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC has established multiple procedures for allowing inmates internal ways to report sexual abuse or sexual harassment privately to the facility or to an outside entity. Inmates may report via an informal resolution request, to a staff member, PREA hotline, advocacy agency, or to the Department of Public Safety, Crimes Victims Services Unit. Third party reports are also accepted by PCC.

As of the date of this audit, PCC does not have any offenders who are detained solely for civil immigration purposes.

115.51(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Reporting Sexual Abuse or Harassment, states, "Each facility CAO's or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff neglect, and violation or responsibilities that may contributed to an incident of offender sexual abuse , to include but not be limited to: informal resolution request (IRR), grievance process, or offender complaint, to a staff member, PREA hotline, advocacy agency, and Department of Public Safety, Crimes Victims Services Unit. All allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure."

Auditor reviewed the offender brochure on "Offender Sexual Abuse and Harassment" which is given out at intake. This brochure outlines the ways inmates can make reports of sexual abuse and sexual harassment. It reads, "Report the abuse to any staff member either verbally or in writing as soon as possible, whether the alleged incidence involved you or not. Call the department's confidential PREA hotline. You can do so at any offender phone by listening to the prompts and pressing "8" or dialing (573) 526-PREA (7732). Write to the Missouri Department of Public Safety, Crime Victims Services Unit, P.O. Box 749, Jefferson City, MO 65102. If you are assigned to a community release center or community supervision center, you may report sexual abuse using the above guidelines or call the PREA hotlines at (855) 773-6391.

Staff was able to articulate the various ways inmates can report sexual abuse and sexual harassment. They stated that all reports are taken seriously. They also advised that they could also call the PREA hotline and make a report. They advised this information was in their employee handbook.

Inmates interviewed were also able to articulate the various ways they could make a report including calling the hotline, telling staff and/or family members. Although they were aware of the PREA hotline, many felt that it was not anonymous. They also reported they felt most staff took reports seriously and they felt safe at PCC. Two inmates interviewed by the auditor believed that PCC staff listened all phone calls and read all correspondence going out of and coming into the facility. However, there was no evidence to suggest this was occurring. When questioned further, it became clear to this auditor that the inmates were reporting as PREA allegations what would be more appropriately classified as staff misconduct.

Information was posted on bulletin boards throughout the facility and in the housing units advising inmates on how to make reports of sexual abuse. The PREA hotline number was clearly posted above all phones.

115.51(b) Auditor reviewed the MOU with the Missouri Department of Public Safety. Missouri Department of Public Safety's responsibilities include initiating a SharePoint application that can be shared by DPS and DOC. The DPS shall receive written correspondence of allegations of offender sexual abuse and harassment. All written correspondence received by the DPS shall be assigned a tracking number. The DPS shall record in the SharePoint application the date of the written correspondence is received, the name of the institution, the name of the victim if known and the date the letter is forwarded to the DOC. The DOC shall record in the SharePoint application the date offender letter is received and any action taken. This MOU is ongoing from the date of the final signature until such time as it is deemed unnecessary by either party. The MOU was signed July 25, 2013.

115.51(c) D1-8.13, Offender Sexual Abuse and Harassment, states, "All allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure."

Auditor reviewed a PREA Notification made by an anonymous report and one made through a third party report. PCC initiated their coordinate response promptly according to their policy and PREA national standards.

115.51(d) Policy D1-8.9 Crime Tips and PREA Hotlines, Section III (C) states, "For staff, the department has established a separate crime tips hotline to anonymously report criminal activity, offender sexual abuse, or offender sexual harassment and is received in the office of inspector general. These calls may be answered by a staff member in the office of inspector general or in cases of afterhours calls, the caller may leave a message and a return phone number should they wish to be contacted. Information regarding hotline use for staff will be posted conspicuously in areas routinely accessible to all staff members."

Standard 115.52 Exhaustion of administrative remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC has an administrative procedure for dealing with inmates grievances regarding sexual abuse. This procedure also allows them to submit a grievance at any time regardless when the incident occurred. If their grievance is against a staff member they are not required to submit their grievance through that staff member. PCC also outlines, through policy, where grievance cannot be filed.

PCC also requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 70 days of the filing of the grievance. According to the pre-audit questionnaire, the agency reported that in the past twelve months, one grievance has been filed. This grievance was handled in a timely manner and the was determined to be unfounded by investigators.

115.52(a)(b)(c) Policy D5-3.2 Offender Grievance, addresses PREA Informal Resolution Request, Grievance and Appeal. The following are portions of this policy that supports this standard:

Time limit

- "The department shall not impose a time limit on when an offender may submit a complaint regarding an allegation of offenders' sexual abuse."

Informal Process

- "The department will not require an offender to use the informal grievances process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse."
- "Informal resolution request alleging sexual abuse will be processed normally with the exception of the following: A response should be completed as soon as practical, but no later than 30 calendar days of receipt."

Against a Staff Member

- “A staff member who is subject of the complaint should not be the respondent.”

Grievance Process

- “Offender grievances alleging sexual abuse will be processed normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt, and, computation of the 30 day time period will not include the days between the offender’s receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee.”
- “Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt, and, computation of the 30 day time period will not include the days between the offender’s receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee, and, an extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided.
- “At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of the offender grievance process”

Third Party Reporting:

- “Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution.”
- “When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing.”
- “Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry.”
- “When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry.”
- “The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf.”
- “If the offender declines to have the request process on his behalf, the case manager shall document the offender’s decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes.”
- “If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure.”

Emergency Informal Resolution Requests

- “Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry.”
- “If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form.”
- “Emergency informal resolution requests will be processed as follows:
 - The offender will request an informal resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure.
 - When a staff member receives the completed informal resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately.
 - Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site coordinator to make the determination if the informal resolution request should be handled as an emergency.
 - The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response.
 - A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form.
 - The initial and final response for the informal resolution request shall document the department’s determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request.

- If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure.”

Policy D1-8.13 Offender Sexual Abuse and Harassment, Page 13 - 14, states “The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse...nor impose a time limit”

Policy D1-8.9 Crime Tips and PREA Hotlines, Section III (A)(1a) states “The hotlines will not be utilized for complaints, grievances or other unrelated purposes.”

DI-8.13 Offender Sexual Abuse and Harassment, addresses exhausting administrative remedies. It states, “The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit on when an offender may submit a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, administrative inquiries, and investigation unit responsibilities and actions. The department shall ensure that an offender who alleges sexual abuse may submit a complaint to a staff member who is not the subject of the complaint and the grievance or complaint is not referred to a staff member who is the subject of the complaint. Staff members are to address grievances or complaints for allegations of sexual abuse and harassment in accordance with the department procedure regarding offender grievance, administrative inquiries, and investigation unit responsibilities and actions.”

Policy D5-3.2 Offender Grievance, page 6, Section III, (E)(2b)(1) states, “Upon approval of the division director or designee, a conduct violation may be issued for threats. This conduct violation will not be viewed as retaliation reprisal.” Also on page 6, Section III (E)(4a)(1) it states, “When there is evidence to support an unfounded allegation, the CAO or designee will issue a conduct violation and the CAO or designee will issue a letter of limited filing status.”

115.52(d) As of March 14, 2017, PCC has not had any grievances where a final decision was not reached within 90 days during the prior year.

115.52(e) PCC reports they have had no third party grievances filed within the past year.

115.52(f) PCC reports they have had no emergency grievances filed pursuant to this standard.

Standard 115.53 Inmate access to outside confidential support services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC provides inmates with outside access to victim advocates for emotional support services related to sexual abuse by providing mailing addresses to Just Detention International (JDI) and Rape, Abuse and Incest National Network (RAINN). They also inform inmates prior to given them access to outside supports, the extent to which such communications will be monitored. PCC was unable to enter a MOU with the Southeast Missouri Family Violence Council.

115.53(a)(b) Policy D1-8.13, Offender Sexual Abuse and Harassment, contains the following:

M. ADVOCACY

1. Each facility will offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process.
 - a. Each facility will attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide

advocacy services in accordance with the department's procedure regarding professional and general services contracts.

- b. If a facility is unable to enter into a MOU with the advocacy center, the attempt will be documented and advocacy services will be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings.
 - c. When the facility cannot successfully enter into a MOU with an outside community service provider for offender victim advocacy services, or when the outside community advocate is not available, a qualified staff member victim advocate will be provided.
 - (1) All staff members serving as a designated victim advocate for offenders will receive victim advocacy training for sexual assault advocates.
 - (2) All services provided by staff member victim advocates to offender victims will be afforded a level of confidentiality consistent with the safety and security of the institution.
2. The PREA site coordinator or designee will serve as the liaison between the facility and the advocacy organization.
 3. The PREA site coordinator or designee will ensure the continuity of advocacy services in the event the victim is transferred while receiving services.
 4. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102.
 - a. The Missouri Department of Public Safety will receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous, to the office of the inspector general.
 5. Offenders will have reasonable access upon their request to the ongoing services of a victim advocate to include:
 - a. Communication by mail or special visits in as confidential manner as possible to maintain safety and security of the institution.
 - b. Being informed prior to being given access to a victim advocate, the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.
 - c. Outside victim advocates will be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits will be arranged through the PREA site coordinator or designee.
 6. Facilities will make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations.
 - a. The facility will enable reasonable communication between offender victims and these organizations.
 - b. A list of the above will be maintained in the library and/or other common areas of every facility.

Inmates in all areas PCC may contact JDI, RAINN as well as Missouri Department of Public Safety. They are given the addresses and are instructed they do not have to place their return address on the envelope.

It should also be noted that the advocacy posters also state, "Be aware: Per department policy, mail will be subject to examination and phone call may be monitored."

Most of the inmate's interviewed were aware of the advocacy posters that were posted throughout the facility. Some were able to explain what role a victim advocate would play during a sexual assault case.

115.53(c) PCC's MOU with the Southeast Missouri Family Violence Council includes services for emotional support. The MOU states: "Roles and Responsibilities of Southeast Missouri Family Violence Council include the following... 3. Respond to offender victims on the same basis as existing community standards providing direct services including crisis intervention, emotional support..."

Standard 115.54 Third-party reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC provides a method to receive third party reports of inmate sexual abuse or sexual harassment. Family members can make report via information found on MDOC website. They may write, email or make a phone call.

115.54(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (D)(2), states, "All allegation including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlines in this procedure."

Auditor verified that reporting information is on the MDOC website. The URL is <http://doc.mo.doc/OD/PREA.php>. This site has a physical address, an email address and a phone number available to the public.

Standard 115.61 Staff and agency reporting duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC requires all staff to report immediately any knowledge or suspicion of any incident of sexual abuse or sexual harassment. This is also in their policy.

115.61(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, "The CAO or designee shall control the dissemination of sensitive information related to offender sexual abuse to ensure the offender is not exploited by staff members or other offenders. Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members shall inform offenders of the practitioner's duty to report at the initiation of services. Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions."

PCC supplied a copy of Missouri Revised Statutes, Chapter 217, Section 217.410. The statute states, in part, "When any employee of the department has reasonable cause to believe that an offender in a correctional center operated or funded by the department has been abused, he shall immediately report it in writing to the director."

PCC requires all staff to report immediately any knowledge or suspicion of any incident of sexual abuse or sexual harassment. This is also in their policy.

Staff members interviewed reported they have a duty to report. They also reported are just as liable for failing to report sexual abuse and sexual harassment as they would be for failing to report any crime.

115.61(c) Policy D1-8.13 Offender Sexual Abuse and Harassment reads, “Medical and mental health staff members shall inform offenders of the practitioner’s duty to report at the initiation of services.”

The auditor reviewed three PREA Allegation Notification Checklists showing inmates reported sexual assault/harassment allegations to medical/mental health professionals. In each instance, once the medical/mental health staff received the inmate report, they reported the allegation to custody staff who initiated the coordinated response.

115.61(d) Policy IS11-32 Receiving Screening Intake Unit, addresses procedure if the alleged victim is under the age 18 or considered to be a vulnerable adult. The policy states, “Health services staff members shall obtain informed consent from offenders in accordance with institutional services regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. If the offender is under the age of 18, a health service staff member shall report the allegation to the designated local Children’s Division, Department of Social Services under applicable mandatory reporting laws.”

Auditor also reviewed Missouri Revised Statutes, Chapter 217, Department of Corrections, Section 217.410. 1, which states, “When any employee of the department has reasonable cause to believe that an offender in a correctional center operated or funded by the department has been abused, he shall immediately report it in writing to the director.”

PCC also included a copy of Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.005.1, which defines a vulnerable person as “any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program.”

Additionally, Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.163.1 was provided, which defines mandatory reporting requirements as, “Any person having reasonable cause to suspect that a vulnerable person presents a likelihood of suffering serious physical harm or is the victim of abuse or neglect shall report such information to the department. Reports of vulnerable person abuse received by the departments of health and senior services and social services shall be forwarded to the department.”

115.61(e) D1-8.13, Offender Sexual Abuse and Harassment,” states, “All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. The coordinated response will be completed and distributed as outlined in the Coordinated Response Completion Guide (Reference E) as well as the Coordinated Response to Offender Sexual Abuse (Institutions) protocol (Reference F). Offender/staff interpreters for non-English speaking victims/perpetrators can only be utilized in an exigent circumstance when the event is first reported until and outside interpreter can be arranged.”

PCC also provided a copy of their PREA Coordinated Response to Offender Sexual Abuse.

Standard 115.62 Agency protection duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC acts immediately if they learn that an inmate is subject to a substantial risk of imminent sexual abuse. In the past twelve months there have been no inmates that have been reported to be subject to substantial risk of imminent sexual abuse.

115.62(a) A copy of the Segregated Housing for Protective Custody portion of the coordinated response was provided that states in section E:

Alleged victims of offender sexual abuse or offenders veiwed as being at risk of victimization, in the absence of an allegation of offender sexual abuse, should not typically be assigned to Administrative Segregation for Protective Custody for no longer than a 30-day period.

- a. If the offender is a alleged victim of offender sexual abuse and was assigned to administrative segregation for protective

custody, the committee will:

- i. Review the offender's placement in segregated housing every 30 days to determine whether there is a continuing need for separation from general population and document the following on the Classification Hearing Form:
 - i. The basis for the facility's concern for the offender's safety,
 - ii. The reason no alternative means of separation can be arranged, and
 - iii. Work and programming assignments that the victim was participating and is now unable to attend due to Administrative Segregation assignment.

D1-8.13, Offender Sexual Abuse and Harassment, states:

F. SEGREGATED HOUSING IN INSTITUTIONAL SETTING

1. Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety.
 - a. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk.
 - b. Least restrictive options to ensure safety of the offender and the security of the institution include:
 - (1) Return to assigned housing.
 - (2) Temporary reassignment of staff members.
 - (3) Assignment to another housing unit.
 - (4) Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim).
 - c. The assessment shall consider the allegation or threat and the safety of the victim and institution.
3. If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units.
4. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement.
5. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days.
6. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody.

The Warden and Site Coordinator stressed the importance of providing security for the alleged victim while utilizing an isolated environment (segregation) as a last resort and only until the inmate could safely be housed elsewhere.

Random staff reported that if such an incident would occur they would immediately separate the alleged victim from the alleged perpetrator for safety purposes and contact their supervisor.

Standard 115.63 Reporting to other confinement facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Warden must notify the head of the facility where the sexual abuse is alleged to have occurred. Notification is to be made as soon as possible but no later than 72 hours after receiving the allegation.

They also have a policy that states that allegations received from other facilities are investigated in accordance with PREA standards.

116.63(a)(b)(c)(d) D1-8.13 Offender Sexual Abuse and Harassment, states, “Upon receiving information that an offender has been sexually abused while assigned at another facility the coordinated response for offender sexual abuse will be immediately initiated as outlined in this procedure. If the alleged abuse occurred at a facility outside the Missouri Department of Corrections, the notification checklist will be forwarded to the department’s PREA coordinator. The PREA coordinator will ensure notification to the facility is made with 72 hours. A coordinated response will be initiated as outlined in this procedure for all allegations of offender sexual abuse that are received from facilities outside the Missouri Department of Corrections.”

PCC supplied documentation showing an inmate had reported an alleged sexual assault that had occurred at another MDOC facility in 2012. Additional documentation showed that PCC had contacted the facility in question and that an investigation was initiated by the Inspector General. The results of the investigation were that the allegation was unsubstantiated. However, the reporting and investigation follow the MDOC policy. Also supplied were three documented incidents of MDOC staff contacting outside agencies following an allegation reported to MDOC staff. However, none of these three incidents occurred at PCC and were not further reviewed.

Interview with facility administration revealed that any notification PCC receives is sent to the site coordinator when then sends information to the Inspector General. Administration advises that the Inspector General will make the determination if an investigation will be opened.

Standard 115.64 Staff first responder duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC has a Coordinator Response in policy that outlines the duties of a first responder. This coordinated response has all four components listed in this standard. PCC reported they had 48 allegations reported where security staff members responded to reported allegations where the victim and perpetrator had to be separated and evidence was collected. They also advised they had zero allegations reported where a non-security staff was the first responder and secured potential evidence on the victim.

115.64(a) Auditor reviewed PCC’s Coordinated Response that is a part of policy D1-8.13 Offender Sexual Abuse and Harassment located on page 17. This part of the policy states, “Staff member first responder shall:

- Ensure the safety of the victim.
- Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable.
- Make immediate notification to the shift commander or shift supervisor.
 - In the event of an allegation of a penetration act, the shift commander or shift supervisor shall make telephone notifications and respond as outlined in the divisions’ coordinated response to offender sexual abuse protocol.
 - In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol.
- Shift supervisors will copy the email notification with the PREA checklist attachment to necessary WRDCC mental health staff. Shift supervisors will complete and forward (via email and hard copy) the Referral and Screening Note-Health Services form to the mental health staff.”

Auditor reviewed the lesson plan for PREA Basic Training, pages 21 –23 covers first responder responsibilities. It breaks down the First Responder responsibilities by type of event. The three events covered include: allegation of penetration that has happened within 72 hours, all other penetrations and allegations of non-penetration events.

Auditor reviewed 6 documented examples of a coordinated response. This included reviewing notifications made by security staff and PREA Audit Report

medical/mental health staff. Each notification included date and time of incident, location of incident, name and custody information of victim as well as the alleged perpetrator. Notifications also included a description of the event, date and time of persons to be notified and recommendation for housing placement. If a forensic exam was required, location of the examination as well as date and time victim was sent out and then returned to the facility.

Staff all stated that as a first responder their responsibility is to separate the victim from the abuser, allow neither one of them to shower, get a drink or change clothes. They stated they would then call their supervisor who, in turn, contacts the investigators. Staff would also secure the scene and would not allow anyone to enter until the investigators arrived and took control. Each

115.64(b) All PCC staff are considered to be first responders and are to follow the coordinated response found in D1-8.13 Offender Sexual Abuse and Harassment.

Standard 115.65 Coordinated response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC has developed a coordinated response to all sexual abuse incidents.

115.65(a) The coordinated response to offender sexual abuse covers the following topics:

- Role and Responsibilities of Shift Commander, Site PREA Coordinator, First Responder, Mental Health, and Medical
- Exceptions to the protocol (differentiating between PREA events and "official duties" reports).

Administrative staff articulated all components of the facility's coordinated response to sexual abuse and harassment. The expectation outlined by the administration is that every employee should be knowledgeable of the coordinated response and execute the response when needed. From the review of supplied Notification Checklists that were completed at PCC, it appears clear that allegations are addressed in accordance with the coordinated response.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC has a labor agreement with Missouri Corrections Officers Association that began on 10/1/2014 and ends 9/30/2018.

115.66(a) Policy D2-11.6, Labor Organization, states, “Per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department’s ability to remove alleged staff sexual abusers from contact with any offender resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.”

On page 2, Article 2, Management Rights of Labor Agreement between the State of Missouri Office Administration, The Department of Corrections Division of Adult Institutions and Missouri Corrections Officers Association (MOCO) states, “The right to hire, assign, reassign, transfer, promote and to determine hours of work and shifts and assign overtime.”

Standard 115.67 Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC has policy in place to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation from retaliation by other inmates or staff.

In the past twelve months there have been no reports of retaliation against staff or inmates.

115.67(a)(b)(c)(d) The following excerpt from D1-8.13 Offender Sexual Abuse and Harassment describes facility efforts to guard against retaliation from reporting:

8. Protection Against Retaliation:
 - a. The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation.
 - b. Immediately following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner:
 - (1) The alleged victim and reporter of offender sexual abuse or harassment shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation.
 - (A) For offender victims and offender reporters, monitoring shall include face-to-face status checks by staff members a minimum of every 30 days.
 - (B) The assessment/retaliation status check form shall be used during each of the assessment interviews.
 - (C) If the victim or reporter expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded.
 - (2) The PREA site coordinator or designee shall monitor all staff reporters of offender sexual abuse or harassment for a minimum of 90 days. Monitoring shall include but is not limited to monitoring for changes that may indicate retaliation, negative performance reviews, or reassignments.
 - (A) The assessment/retaliation status check form shall be used during each of the assessment interviews.
 - (3) The PREA site coordinator or designee shall ensure all witnesses receive an initial assessment utilizing the assessment/retaliation status check form.
 - (A) Witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring.
 - (B) The witness shall sign the assessment/retaliation status check form showing they have no concerns regarding potential retaliation.
 - c. The PREA site coordinator shall report all evidence of retaliation to the CAO to ensure an inquiry or investigation is initiated in accordance with department procedures.
 - d. If possible retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual.
 - e. The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation and/or possible victims of retaliation be offered emotional support services.
 - (1) Emotional services for offender victim, reporters, or witnesses include but are not limited to, case management or

- referral to mental health, chaplain, or advocacy when appropriate.
- (2) Emotional services for staff reporters or witnesses included but are not limited to, employee assistance program, peer action and care team referral, and/or chaplain referral.
- (3) All action taken to remedy retaliation or services offered victim or suspected victim shall be noted on the assessment/retaliation status check form.
- f. In the event that a victim, offender reporter, or a witness is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment/retaliation status check form to the PREA site coordinator in the receiving institution.
 - (1) The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure.
 - (2) The PREA site coordinator shall ensure the completed assessment/retaliation status check form is returned to the originating institution to be filed in the PREA incident file for future audits.
 - (A) If released to a community confinement facility monitoring will continue.
 - (B) If released to a field probation and parole office, monitoring will stop.
- g. In the event the allegations are determined to be unfounded the agency shall terminate monitoring.

PCC provided an example of “Assessment/Retaliation Status Checklist” form and also provided examples of cases monitored. Completed checklists were attached showing various circumstances and reports of retaliation. It appears from this auditor’s review of these checklists that periodic intervals of 30, 60, and 90 days, as prescribed, are followed. Information is shared with the Site Coordinator who requests investigation through the IG as warranted. Additionally, the State PREA Compliance Coordinator is forwarded information on retaliation events.

Standard 115.68 Post-allegation protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC has policy that prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made. In the past twelve months, there have been no inmates placed in involuntary segregated housing.

115.68(a) D1-8.13, Offender Sexual Abuse and Harassment, under Segregated Housing in Institutional Setting states, “Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include:

- Return to assigned housing.
- Temporary reassignment of staff members.
- Assignment to another housing unit.
- Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim).

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. Offenders who are victims and/or perpetrators in an alleged PREA event will be kept out of sight and sound from each other and be placed in separate wings. If the assessment is due to an offender being viewed as being

in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody."

A memo from the Site Coordinator states, "Potosi Correctional Center did not place a victim in involuntary segregated housing."

Standard 115.71 Criminal and administrative agency investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Inspector General conducts all criminal case investigations at PCC. Administrative agency investigations are also conducted at PCC.

115.71(a) Policy D1-8.1 Investigation Unit Responsibilities/Actions, Section III (A) (2) (3) states, "The department maintains a zero tolerance policy against offender abuse and offender sexual abuse. The PREA also prohibits sexual misconduct by staff members against an offender and offender against an offender. All such allegations will be thoroughly reviewed for potential investigation. The investigation unit, under the jurisdiction of the inspector general's office, is the investigative unit of the department. This unit conducts investigations in response to reports of violations of Missouri state law and serious violations of department procedure at all facilities throughout the state. The unit works closely with federal, state and local law enforcement agencies and the other divisions within the department to ensure criminal violators are prosecuted. The department may pursue prosecution of any staff member or offender who violates state law."

This same policy also states, "The facility shall report all allegations of sexual abuse, including third-party and anonymous reports, in accordance with the department procedure addressing offender sexual abuse and harassment."

Further in the policy, Section H outlines the investigators responsibilities. The policy states, "All investigators shall aid and assist in investigations as directed, and to the limit permitted, by the responsible law enforcement agency and the inspector general or designee. Investigators may be assigned outside their normally assigned region to assist in statewide investigations. Investigators shall conduct investigations into all allegations assigned for investigation promptly, thoroughly, and objectively. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical, DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of behavior involving the alleged victim and suspected perpetrator. Medical records or information related to offender sexual assaults and uses of force may be obtained from facility medical practitioners without authorization from central office. The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an offender or employee. Investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attach copies of all documentary evidence where feasible. Administrative investigations shall include an effort to determine whether staff member actions or failures to act, contributed to the behaviors being alleged. The departure of the alleged abuser or victim from employment or control of the department shall not provide a basis for terminating the investigation. When an investigation reveals probable cause that an offender or staff member has committed, or is suspected of committing, an act in violation of local, state or federal law, the investigator conducting the investigation shall note in the investigative report that the case will be forwarded for prosecution consideration, and submit a request for prosecution packet. The prosecution packet will include at a minimum: the investigation report written by the investigator, a probable cause statement completed by the investigator that conducted the investigation, all relevant documentation associated with the investigation, and other information deemed necessary by the prosecuting attorney's office having proper jurisdiction...CAOs shall impose no standard higher than a preponderance of the evidence in determining whether allegations of offender sexual abuse are substantiated."

Policy D1-8.4, Administrative Inquiries, further "establishes guidelines concerning the scope and depth of administrative inquiries in the department." Particularly, there is guidance on investigation of staff sexual misconduct involving inmates.

115.71(b) Auditor reviewed the training roster from “PREA Specialized Investigator Training” dated January 1, 2013 through September 20, 2014. The roster showed that 56 investigators statewide received this training during that time frame. In October of 2014, 17 investigators also attended this training. These included those who are assigned to PCC investigations.

115.71(c) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, “All investigators shall aid and assist in investigations as directed, and to the limit permitted, by the responsible law enforcement agency and the inspector general or designee. Investigators may be assigned outside their normally assigned region to assist in statewide investigations. Investigators shall conduct investigations into all allegations assigned for investigation promptly, thoroughly, and objectively. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical, DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of behavior involving the alleged victim and suspected perpetrator. Medical records or information related to offender sexual assaults and uses of force may be obtained from facility medical practitioners without authorization from central office.”

In the past 12 months there have been no investigations involving a SANE exam other evidence at PCC.

115.71(d) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, “When an investigation reveals probable cause that an offender or staff member has committed, or is suspected of committing, an act in violation of local, state or federal law, the investigator conducting the investigation shall note in the investigative report that the case will be forwarded for prosecution consideration, and submit a request for prosecution packet. The prosecution packet will include at a minimum: the investigation report written by the investigator, a probable cause statement completed by the investigator that conducted the investigation, all relevant documentation associated with the investigation, and other information deemed necessary by the prosecuting attorney’s office having proper jurisdiction...CAOs shall impose no standard higher than a preponderance of the evidence in determining whether allegations of offender sexual abuse are substantiated.”

According to the Site Coordinator, PCC referred one case to the Washington Co. (Mo.) Public Attorney in 2015. The court declined to hear the case. No cases were referred to the PA in 2016.

115.71(e) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, “The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as an offender or employee.”

115.71(f) Policy D1-8.4 Administrative Inquiries, Section III, (A) states, “Any staff member having direct or indirect knowledge of a potential category I or IV behavior shall immediately notify the CAO by submitting a report of incident, or memorandum, through the chain of command. A copy of all reports of harassment, sexual misconduct, discrimination, or retaliation should be sent to the employee relations supervisor. Staff members must fully cooperate with all administrative inquiries and must fully and truthfully relate their knowledge of all facts pertaining to the alleged behavior under review. Staff members who are the subject of a criminal investigation are not required to provide incriminating information about their own misconduct. However, in all other cases, staff members must fully cooperate with any investigation or administrative inquiry and truthfully relate their knowledge of all facts.”

Additionally, this policy discuss when an administrative inquiry may be conducted. This policy states, “An administrative inquiry may be conducted when a staff member may have been engaged in category I behaviors, or an offender may have been engaged in category IV behaviors. When the CAO receives information that a staff member may have been engaged in category I behavior, the CAO shall review the information and determine the appropriate course of action... The offender sexual abuse coordinated response will be initiated on all allegations of offender sexual abuse or harassment, including anonymous and third party allegations, in accordance with the department’s procedure regarding offender sexual abuse and harassment. Based on the circumstances of the allegation, the CAO may immediately remove or reassign the staff member from having contact with the offender pending the outcome of an investigation, or the determination of whether and to what extent discipline is warranted, or if there is reason to believe the offender is being retaliated against by the staff member.”

Administrative staff report all administrative cases are assigned by the Warden. Administration advised that requests for investigations are referred to the inspector general’s office and they in turn make the determination if an investigation is going to be opened

Auditor reviewed thress administrative investigation: one case of substantiated inmate on inmate sexual harassment; one case of unfounded staff on inmate sexual harassment; one case of unfounded inmate on inmate sexual harassment. The investigations were well written and thorough using form MO 931-4680. They included interviews with the victim and alleged perpetrator as well as witnesses. These investigations were concluded within 45 days of the date the report was received.

115.71(g) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, “Investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attach copies of all documentary evidence where feasible.”

115.71(h) PCC has referred one case for prosecution in 2015 and none in 2016.

115.71(i) Auditor reviewed the Agency Records Disposition Schedule and found that records are retained for 50 years.

115.71(j) PCC provided copies of three investigative packets related to PREA allegations. All three involved staff on inmate sexual harassment. Two of the investigations involved one corrections officer who was terminated from employment for illicit drug usage. However, the investigation of the PREA allegations continued and was concluded after the termination date. The other investigation involved an inmate who was released from PCC. The investigation continued and was concluded after the date of release of the inmate.

Standard 115.72 Evidentiary standard for administrative investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC imposes no higher standard than a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

115.72(a) Policy D1-8.4 Administrative Inquiries, Section III (C) (9) states, "No higher standard than a preponderance of evidence in determining whether allegations of sexual abuse are substantiated."

PCC also provided examples for this auditor to review. Auditor reviewed two cases of PREA allegations; one inmate on inmate sexual harassment and one staff on inmate sexual abuse. Both reports were well written and thorough. They included interviews with the victim, alleged perpetrator and witnesses. All cases were closed within 60 days.

Standard 115.73 Reporting to inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC has a policy requiring that any inmate who makes an allegation that he suffered sexual abuse is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The Inspector General's office conducts all criminal investigations and PCC conducts administrative investigations.

115.73(a)(c)(d)(e) Policy D1-8.13, Offender Sexual Abuse and Harassment, Reporting Outcomes, "Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA coordinator shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification or the alleged sexual abuse by staff notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment. The initial notification shall state whether the allegation was substantiated, unsubstantiated, or unfounded.

In the event that the investigation was conducted by an outside agency, the office of the inspector general shall request relevant information from the outside agency in order to inform the offender of the outcome of the investigation. All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs unless the inquiry or investigation is unfounded:

- (1) Staff perpetrator is no longer assigned to the housing unit.
- (2) Staff perpetrator is no longer employed at the institution or department.
- (3) The staff perpetrator has been indicted on a charge related to sexual abuse within the institution.
- (4) A disposition of charges exists related to sexual abuse within the institution.

Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs.

- (1) The offender has been indicted on a charge related to sexual abuse within the institution.
- (2) A disposition of charges exists related to sexual abuse within the institution.

The departmental PREA coordinator shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender. If the investigation or inquiry involved offender-on-offender sexual abuse or harassment that was substantiated or unsubstantiated, written notification shall be delivered to the offender victim in a confidential manner. The offender shall be offered the notification letter but shall have the right to decline the letter. The original notification shall be signed by the offender or resident and witnessed by a staff member. The original notification shall be forwarded to the department's PREA coordinator for tracking. A copy of the notification shall be provided to the offender. The date the notification letter is delivered to the offender shall be documented in the chronological section of the offender's classification file. In the event the offender is no longer housed in an institution, community release center, or community supervision center the duty to report ends."

Administrative staff reported that it is in policy that all offender victims are notified of the outcomes of their PREA cases.

Three copies of the PREA Alleged Sexual Abuse by Offender Notification and three copies of the PREA Alleged Sexual Abuse by Staff Member forms were supplied to the auditor. Each showed that the offender was notified of the outcome of the investigation and were acknowledged through the offender's signature and staff signature (witness). Additionally, a spreadsheet was supplied that tracks the investigation to include notation of the inmate's notification of the outcome.

115.73(b) N/A PCC is responsible for conducting administrative investigations and the Inspector General's Office has investigators inside the facility to conduct criminal investigations of alleged sexual abuse and sexual harassment.

Standard 115.76 Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC has procedures in place to discipline staff for violating agency sexual abuse and sexual harassment policies. In the past 12 months, there has been one staff member disciplined under this policy. They received a letter of caution in January 2016.

115.76(a)(c)(d) Policy D2-11.10 Staff Misconduct, Section III (A) (14) states, "In order to pursue organizational excellence staff members are expected to adhere to the following professional principles and conduct...report inappropriate actions, misconduct, offender or resident abuse, and sexual contact by staff members and offenders or residents to appropriate personnel."

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (N), states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of

a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement.”

115.76(b) PCC Site Coordinator states via memorandum, “Potosi Correctional Center has not had any terminations, resignations, or other sanctions for violation of the sexual abuse or harassment policy.”

Standard 115.77 Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement, unless the activity was clearly not criminal, and to any relevant licensing bodies.

PCC’s site coordinator states via memorandum, “Potosi Correctional Center has not had any substantiated investigations involving contractors or volunteers.”

115.77(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment states, “Corrective action for contractors and volunteers: Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility shall take appropriate measures and shall consider whether to prohibit further contact with offenders in the case of any other violations.”

Policy D2-13.1 Volunteers, Section III (G) states, “All volunteers will be familiar with and adhere to the standards for professionalism, conduct, and job performance in accordance with the department policy and procedures regarding employee standards and staff member conduct. All offender sexual abuse and harassment allegations that occur in a department facility involving a volunteer will be referred for investigation. Volunteers may be subject to disciplinary action and/or termination. When disciplinary action is recommended, the volunteer supervisor shall submit documentation to the volunteer site coordinator outlining the reasons for such actions.

The volunteer site coordinator shall provide the CAO with the recommendation and documentation. If the volunteer is a multi-location volunteer, the volunteer site coordinator requesting the disciplinary action shall provide a copy of the documentation to the volunteer site coordinator at the home base location and/or all other additional locations. If the CAO concurs, and the discipline requires suspension, the volunteer will be suspended and notified in writing within 5 working days that he is suspended and that the recommendation for disciplinary action is being sent to the volunteer services coordinator. The CAO shall forward a recommendation for disciplinary action to the supervisor of department volunteer services with all pertinent documentation. The volunteer services coordinator shall determine what, if any, disciplinary sanctions are warranted. Within 10 working days of receipt of the recommendation, the supervisor of department volunteer services shall provide written notice of discipline sanctions to the volunteer, CAO, volunteer site coordinator, and volunteer supervisor at all locations where the volunteer was approved to provide services...”

Staff interviewed stated that all contractors and volunteers are subject to the same policies as regular employees when it comes PREA. Volunteer and contractors are expected to abide by the zero-tolerance culture of the facility. They would not be allowed to work at the facility pending the outcome of the investigation. If substantiated, the contractor or volunteer would not be allowed entry into the facility.

Standard 115.78 Disciplinary sanctions for inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

At PCC inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. The facility will offer therapy, counseling or other interventions to interrupt that type of behavior. If an inmate makes a report in good faith, there will no disciplinary action.

115.78(a)(b)(c)(d)(e)(f)(g) D1-8.13 Offender Sexual Abuse and Harassment, Section III (M), states, "Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The mental health notification memo (Reference H) will be completed and forwarded to mental health staff for completion prior to concluding the disciplinary hearing. If found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff member, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders will not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions."

Policy IS 19-1.1 Conduct Rules and Sanctions, Section II (Definitions) states, "If the rule violation is a major violation, is serious in nature, threatens the safety and security of the institution, is for sexual misconduct, or involves the destruction of state or offender property the employee should immediately fill out a Conduct Violation Report (Attachment A) and not use an informal sanction." This policy also defines sexual activity as "Any sexual act; intentional touching, whether done by a foreign object or by physical human contact of a sexual part of another or of self, regardless of whether such touching is consensual, kissing, or fondling; or physical or verbal conduct of a sexual nature."

This policy also defines forcible sexual misconduct as "Using force, coercion or threats of force to obtain the compliance of another in any type of sexual activity." It defines sexual misconduct as "Engaging with another in any type of sexual activity; Engaging in the self-touching of one's sexual parts in view of others and inappropriately exposing one's sexual parts to others."

PCC provided a copy of a memo dated August 1, 2013 that was addressed to all Wardens and the subject was "PREA Protocols." The memo stated, "The date for full compliance with PREA standards is rapidly approaching. When fully implemented, our facilities will be better equipped to detect, prevent, and respond to incidents of offender sexual abuse and harassment. During our DAI Staff meeting yesterday, we discussed the PREA protocols that will move the department towards compliance with the PREA standards. While the procedure revisions are pending, we are implementing the PREA protocols, which were provided to you yesterday, as outlined below: To be implemented for PREA incidents that occur from this day forward: Segregated Housing for Protective Custody, Disciplinary Sanctions and Mental Health..."

PCC supplied copies of database pages (AS400) that show sanctions imposed for two inmates involved in separate instances of sexual acts within the facility. A copy of the disciplinary sanctions guidelines (see 116.78(c)) were provided giving direction for mental health services to be consulted once an inmate is found to have engaged in sexual activity. Additionally, a blank copy and a completed copy of mental health services referral forms were supplied. The completed form indicates that mental health services were requested for the inmate prior to his hearing with the Adjustment Hearing Board.

PCC states that inmates are not punished for making a PREA allegation especially if it is made in good faith. Administration reported this is in MDOC policy. The Site Coordinator stated via memorandum, "There have been no disciplinary actions taken against offenders for sexual contact with staff."

116.78(c) Auditor reviewed the Disciplinary Sanction Sheet that outlined the disciplinary process for forcible sexual abuse. This process outlines the responsibilities of the Adjustment Hearing Board as well as a Qualified Mental Health Professional. The process also states, "PREA mandates that the disciplinary process consider whether an offender's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, shall be imposed. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. In this process it also states that an

offender will not be issued a conduct violation for sexual misconduct involving a staff member unless the sexual activity is forced upon the staff member by the offender. In addition it states a report of offender sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation or the allegation is unfounded.”

Standard 115.81 Medical and mental health screenings; history of sexual abuse

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Inmates housed at PCC are offered follow up meetings with medical or mental health professionals if they disclosed any prior sexual victimization. This is also offered to inmates who have previously perpetrated sexual abuse. Informed consent is obtained from inmates unless they are under the age of 18.

115.81(a)(c)(d) IS 11-32 Receiving Screening – Intake Center, Section III (B) states, “If during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment. If the screening indicates the offender has experienced prior sexual victimization and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated and the offender will be offered a follow-up meeting with a medical and/or mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a QMHP within 14 days of the intake screening. Health services staff members shall obtain informed consent from offenders in accordance with institutional services regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.”

Auditor also reviewed the PREA Risk Assessment Manual --- many questions remind users that if marked “yes” they need to contact mental health. For example Question 1 of the Risk Assessment:

1. Have you ever been approached for sex/threatened with sexual abuse while incarcerated? (If the offender offers any information with regards to incident place information in the comments box, it is not necessary to get specific details. Determine if the incident was reported. Has the assailant been added to the victim’s enemy listing? Determine if the offender needs Protective Custody or a Mental Health Referral...”

Interviews with inmates stated they knew if they wanted mental health assistance due to a PREA allegation they can request it through their Functional Unit Managers (FUM’s.) Inmates stated they have never been denied access to mental health at this facility.

115.81(b) PCC also provided copies of the “PREA Report Assessments at PCC” for March 1, 2016 and March 1, 2017. This log tracks all mental health referrals from coordinated responses and information obtained from the risk assessment on particular questions related to prior victimization or prior perpetration. During that span, one inmate who had reported victimization requested mental health services. The same inmate reported sexual perpetration and requested mental health services in that respect.

115.81(e) PCC Site Coordinator reports, “Per Carolyn Polk, ICMHS, there have been no events claimed that have occurred outside of the institutional setting to report.” The PCC Health Services Administrator reports via memorandum dated 3-23-17, “As of this date, there have been no PREA events claimed by an offender that have occurred outside of the correctional facility.”

A tracking log was supplied that showed mental health services were offered to an inmate in 2016 who’s Risk Assessment indicated a need for services. After reviewing the log, it appears services were offered and contact made by a MH professional within 24 hours in each instance.

Standard 115.82 Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Inmate victims of sexual abuse at PCC receive timely, unimpeded access to emergency medical treatment and crisis intervention services. They are also offered information and access to sexually transmitted infections prophylaxis. All services are provided at no cost to the victim.

115.82(a)(b)(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, states, "Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment. When conducting a medical assessment of any victim or alleged or suspected perpetrator of an incident of sexual abuse or sexual harassment, health services staff members may not collect evidence but shall assist in the preservation of items related to the incident. Health services staff members should screen victims for obvious physical trauma, and at that time provide emergency medical care. If an allegation of offender sexual abuse is made within 72 hours of the event and consists of penetration of the mouth, anus, buttocks, or vulva, of any kind, however slight, by hand, finger, object instrument, or penis, the victim should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible, for gathering of evidence. If it has been greater than 72 hours since the alleged abuse, and the alleged victim has not showered, they should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible for gathering of evidence. Health services staff members should contact the shift commander and the community emergency room to arrange transportation to the emergency room in accordance with institutional services procedures regarding offender transportation and hospital and specialized ambulatory care. If the victim has showered and it has been more than 72 hours since the reported assault, the physician should determine treatment and whether or not the victim will be sent off site for a forensic exam. For investigative purposes, the investigator may choose to have the victim sent out for a forensic exam.

**** The offender will remain in the medical unit until the investigator has determined whether or not the offender needs to go on medical out count.

When a forensic out count is indicated:

a. Health services staff members should contact the shift commander and the community emergency room to arrange transportation in accordance with institutional services procedures regarding offender transportation and specialized ambulatory care. The offender will be held in medical when possible until the arrival of the investigator. Through communication with the hospital, health services staff shall determine when the offender should arrive at the hospital to ensure prompt services. If the offender refuses a forensic exam, medical staff members will educate the offender on importance of forensic exams. If the offender continues to refuse a forensic exam, documentation of the refusal will be noted on the refusal of treatment - no show form.

**** A copy of the refusal is to be sent to the PREA site coordinator.

Any emergency treatment provided should be documented, in SOAP format, in the applicable department computer system. Health services staff members should interact with the alleged victim in a neutral and non-judgmental manner. Health services staff members should ask the alleged victim for details of the incident that are important for the provision of health services. The health services related documentation of the alleged assault should be released only to the CAO or designee and the institutional investigator. Alleged victims of offender sexual abuse that consists of penetration of the mouth, anus, buttocks, or vulva, of any kind, however slight, by hand, finger, object instrument, or penis should be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate. If initial disclosure of offender sexual abuse is made to health services staff members, notification should be made to the shift commander to initiate the coordinated response to offender sexual abuse in accordance with this procedure.

**** Health services staff are to also notify the PREA site coordinator. The reported perpetrator's health record will be reviewed by the health services administrator or designee and referred to the physician for appropriate communicable disease diagnostic testing.

Upon receiving a report of a substantiated case of offender sexual abuse the PREA site coordinator will submit a referral and screening note - health services form to ensure the perpetrator will be assessed by qualified mental health professional (QMHP) within 60 days of learning of such abuse. If the allegation involves penetration and the offender is being out counted for a forensic exam and/or treatment, a QMHP will assess the victim within two hours of the offender returning to the facility. If the allegation involves penetration but the offender is not being out counted due to the amount of time that has elapsed since the time of the incident, a QMHP will assess the offender within two hours of receiving notification from the shift commander. If the allegation involves non-penetration, mental health staff members will receive a referral and screening note - health services from the shift commander and assessment will be offered within the next business day unless emergent events warrants a more immediate response by mental health staff members. During the initial assessment, mental health treatment interventions will be discussed with the victim by the QMHP and will include options such as individual and/or group therapy. The QMHP will explain and offer advocacy services to the alleged victim offender. Advocacy will not be offered for allegations of sexual harassment. The QMHP will document the offender's acceptance or refusal of advocacy services in the electronic medical record. If the offender refuses advocacy services the QMHP will have the victim sign the refusal of treatment/ no show form.

**** A copy of the refusal of treatment form will be forwarded to the PREA site coordinator to be placed in the PREA event file. If the offender requests an advocate, the QMHP will notify the site advocacy liaison.

**** A QMHP will notify the PREA site coordinator in writing or email when victim requests an advocate. PREA site coordinator will subsequently notify the investigative staff of victim's request for advocate. When the victim is out counted to MOSAIC Life Care for a SANE exam the hospital will contact the YWCA for advocacy services. When advocacy hours provided by the YWCA have been exhausted, the PREA site coordinator will notify the chaplain of the victim's request for an advocate. Institutional chaplain will meet with the victim and document the meeting, forward documentation to the PREA site coordinator to be placed in the PREA event file. If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 72 hours within a correctional facility or 92 hours within a community confinement facility, custody staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. Victims of sexual abuse shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Each victim and abuser shall be offered medical and mental health evaluation, and as appropriate, treatment and include appropriate follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services."

PCC's Coordinated Response to Offender Sexual Abuse addresses medical and mental health responsibilities for a penetration event and a non-penetration event.

For a penetration event:

Medical will:

- Assess the offender and process the medical out count to a hospital that utilizes Sexual Assault Nurse Examiners (SANE) to collect forensic evidence for an examination.
 - The listing of SANE hospitals can be found on the PREA intranet page. .
 - If the alleged victim refuses to submit to a forensic examination after speaking with the investigator, medical will have the offender sign the medical refusal form which will be forwarded to the PREA Site Coordinator to be attached to the PREA Event Checklist.
 - Provide follow-up care upon offender's return from the medical out count.

Mental Health:

- Mental Health will respond within 2 hours of the offender's return from the medical out count.

For a non-penetration event:

- Mental health – Mental Health Referral Form – will respond no later than the next business day

PCC provided three examples of responses to PREA allegations involving sexual abuse via "penetration events." These included coordinated response checklists indicating notifications and following of protocol. Also included were notifications made to Mental Health staff.

Contracted medical staff provided an email response to the state compliance coordinator stating, “ As a follow-up to our discussion regarding this afternoon. I have the following information to offer:

- At intake, all patients are tested for HIV and syphilis.
- Other STD testing is completed at intake and throughout incarceration based on patient symptoms
- Nursing Protocols are available to guide the nurses in the event of a reported sexual assault
- One protocol is used when the report is received and another when the patient returns from the ER (both are attached)
- The providers are contacted and they use their professional, clinical judgment to determine if and what prophylaxis is indicated

115.82(d) Auditor reviewed the contract requirements the MDOC has with Corizon. Pages 25 and 26 outline Corizon’s obligations when obtaining medical care services from hospitals. Pages 42 – 45 outline Corizon’s experience with PREA, training regarding PREA, zero tolerance and mandatory reporting requirements if witnessing any form of sexual misconduct. Corizon will not charge victims for any services provided.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC offers medical and mental health evaluations/treatment to all inmates who have been victimized by sexual abuse in any confinement settings. They also offer tests for sexually transmitted infections as medically appropriate. (NOTE: PCC is a male only facility.)

115.83(a)(b)(c)(d)(e)(f) D1-8.13 Offender Sexual Abuse and Harassment, Section III (G) states, “Victims of sexual abuse shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Each victim and abuser shall be offered medical and mental health evaluation, and as appropriate, treatment and include appropriate follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services. Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results the victim shall receive timely and comprehensive information about and access to all lawful pregnancy-related medical services.”

PCC is a male only facility.

The Site Coordinator reports, “All offenders who have been victims of sexual penetration are offered testing for sexually transmitted infections.”

115.83(g) Policy D1-8.13 Offender Sexual Abuse and Harassment states, “Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”

115.83(h) Auditor reviewed an example of “Referral and Screening Note – Mental Health/Medical Service.” This referral note had documented observed behaviors, the reason for referral, screening results as well as actions taken by mental health and medical. PCC had supplied additional examples for documentation in other standards (115.82) indicating that this is standard practice and policy is complied with

Standard 115.86 Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigations, unless the allegation is determined to be unfounded. They do this within 30 days of the conclusion of the investigation. Members of the review team include upper-level management, supervisors, investigators, and medical and/or mental health professionals. The members document their findings and any recommendations they may make.

115.86(a) D1-8.13 Offender Sexual Abuse and Harassment, Section III (I) states, "Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded."

115.86(b) D1-8.13 Offender Sexual Abuse and Harassment states, "Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry utilizing the PREA sexual abuse debriefing form and submitted to the department PREA coordinator, CAO, and assistant division director."

115.86(c) D1-8.13 Offender Sexual Abuse and Harassment states, "The review team for offender sexual abuse events shall include the PREA site coordinator, and other upper level administrators, when applicable, with input from supervisors, investigator, and medical or mental health practitioners, when applicable. A complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The written report will be prepared by the PREA site coordinator.

115.86(d) Auditor reviewed four reviews of sexual abuse incidents documented on form 931-4695. This review included the name of the victim, assailant, staff members involved in the briefing, date and time of the incident, what occurred, location of the incident, housing information, was the allegation motivated by race, ethnicity or sexual orientation, information on the coordinated response, information on a forensic exam, mental health consultation, and any recommendations. These reviews were also included in the facility's annual report.

Administration stated that they review each case and look for ways that can be done to make it better for the inmate and for the facility. They use these reviews to their advantage to improve prevention of abuse. These reviews can justify the need for more cameras and can also justify the need for additional staff.

115.86(e) D1-8.13 Offender Sexual Abuse and Harassment states, "The facility shall implement the recommendations for improvement, or shall document its reasons recommendations shall not be implemented. The completed report shall be stamped confidential and shall be submitted to the assistant division director with a copy to department's PREA coordinator. The assistant division director shall forward the report to the division director. A copy of the report shall be filed in the institutional PREA event file for future audits."

Corrective action in the four incidents reviewed included anything from staff termination to single-cell mandate for an inmate to increasing storage capacity for DVRs.

Standard 115.87 Data collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Data needed to complete the annual Survey of Sexual Violence is collected in the Correctional Information Network (COIN) system. Data is collected and reviewed annually.

115.87(a)(b)(c)(d) Policy D1-8.13 Offender Sexual Abuse and Harassment states, “Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department’s PREA coordinator by the last working day in March. The report shall include: 1) identified problem areas, 2) recommendations for improvement, 3) corrective action taken, 4) if recommendations for improvements were not implemented, reasons for not doing so, 5) a comparison of the current year’s data and corrective actions with those from prior years, and an assessment of the facility’s progress in address sexual abuse, 6) an evaluation of the need for camera and monitoring systems, 7) in consultation with the PREA site coordinator; assessment determination, and documentation of whether adjustments are needed to the staffing plan, the deployment of video monitoring and the resource availability to adhere to the staff plan. The yearly report shall be submitted to the division director and the department PREA coordinator no later than the last working day in March.

The PREA coordinator shall prepare an annual report compiling each facility’s current year’s data and corrective actions. The report shall include a comparison with prior year’s data, corrective actions, and an assessment of the department’s progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the last working day in May.”

Auditor reviewed the MDOC Aggregated Data report from 2016. This spreadsheet documents all MDOC PREA cases with date of the event, findings, and date case closed in addition to the demographic information of the inmate such as location and name. Also, the auditor reviewed the PREA 2016 Allegations by Facility and Incident Type table. It contains information on the entire MDOC (to include Parole).

Administrative staff reported that data is collected monthly and reported annually to the PREA Coordinator.

115.87(e) N/A PCC does not contract for the confinement of its inmates.

115.87(f) PCC completes the SSV each year.

Standard 115.88 Data review for corrective action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.88(a)(b)(c) D1-8.13 Offender Sexual Abuse and Harassment, “Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department’s PREA coordinator by the last working day in March. The report shall include: (1) identified problem areas, (2) recommendations for improvement, (3) corrective action taken, (4) if recommendations for improvements were not implemented, reasons for not doing so, (5) a comparison of the current year’s data and corrective actions with those from prior years, and an assessment of the facilities’ progress in addressing sexual abuse, (6) an evaluation of the need for camera and monitoring systems, (7) in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to the:

- (A) the staffing plan,
- (B) the deployment of video monitors, and
- (C) the resource availability to adhere to the staffing plan.

The yearly report shall be submitted to the division director and the department PREA coordinator no later than the last working day in March.

Agency Report: The PREA coordinator shall prepare an annual report compiling each facility’s current year’s data and corrective actions. The report shall include: (1) a comparison with prior year’s data, (2) corrective actions, and (3) an assessment of the department’s progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the last working day in May.

PCC provided a copy of their 2016 PREA Annual Report which was reviewed by the auditor. This report analyzes potential problem areas, identifies corrective action, states accomplishments for the current year, and establishes goals for the upcoming calendar year. The report appeared complete and was easy to read.

Auditor reviewed the MDOC 2015 PREA Annual Report. This report contained information on the progress the department made in 2015 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at http://doc.mo.gov/Documents/PREA/2015_PREA_Data.pdf.

115.88(d) D1-8.13 Offender Sexual Abuse and Harassment also states, “The COA or designee, PREA coordinator, and/or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of the facility. The CAO or designee, PREA coordinator, and/or department director shall indicate the nature of the material edited. The department’s annual PREA report shall be made available to the public on the department’s internet website.”

Standard 115.89 Data storage, publication, and destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.89(a) (d) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

According the Agency Records Disposition Schedule (Inspector General Section), this information is retained for five years, and then it is destroyed.

115.89(b) (c) D1-8.13 Offender Sexual Abuse and Harassment states, “The department’s annual PREA report shall be made available to the public on the department’s internet website.”

D1-8.13 Offender Sexual Abuse and Harassment also states, “The COA or designee, PREA coordinator, and/or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of the facility. The CAO or designee, PREA coordinator, and/or department director shall indicate the nature of the material edited. The department’s annual PREA report shall be made available to the public on the department’s internet website.”

Auditor reviewed the MDOC 2015 PREA Annual Report. This report contained information on the progress the department made in 2014 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at http://doc.mo.gov/Documents/PREA/2015_PREA_Data.pdf.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

/s/ Douglas K. Lawson

Auditor Signature

07/27/2016

Date

PREA AUDIT REPORT ☐ Interim ☒ Final
ADULT PRISONS & JAILS

Date of report: January 13, 2017

Auditor Information			
Auditor name: Elisabeth Copeland			
Address: 714 SW Jackson, Suite 300, Topeka, Kansas 66603			
Email: Elisabeth.Copeland@doc.ks.gov			
Telephone number: 785-291-3074			
Date of facility visit: November 30 – December 2, 2016			
Facility Information			
Facility name: Western Missouri Correctional Center			
Facility physical address: 609 East Pence Road, Cameron, MO 64429			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 816-632-1390			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Sherie Korneman			
Number of staff assigned to the facility in the last 12 months: 497			
Designed facility capacity: 1975			
Current population of facility: 1795			
Facility security levels/inmate custody levels: Click here to enter text.			
Age range of the population: 18-82			
Name of PREA Compliance Manager: Lori Lakey		Title: Deputy Warden	
Email address: lori.lakey@doc.mo.gov		Telephone number: 816-632-1390	
Agency Information			
Name of agency: Missouri Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 2729 Plaza Drive, Jefferson City, MO 65102			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 573-526-6607			
Agency Chief Executive Officer			
Name: George Lombardi		Title: Department Director	
Email address: george.lombardi@doc.mo.gov		Telephone number: 573-522-3335	
Agency-Wide PREA Coordinator			
Name: Vevia Sturm		Title: PREA Department Coordinator	
Email address: vevia.sturm@doc.mo.gov		Telephone number: 573-522-3335	

AUDIT FINDINGS

NARRATIVE

PRE-AUDIT

A Notice of PREA Audit was sent to Western Missouri Correctional Center (WMCC) on October 20, 2016 PREA Site Coordinator and to the Missouri Department of Corrections Department PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on November 30 – December 2, 2016. At this time this auditor requested that the pre-audit questionnaire (PAQ) be sent to me no later than November 16, 2016. It should be noted that this audit is being conducted as part of five-state circular audit consortium consisting of California, Indiana, Kansas, Missouri, and Louisiana.

On November 17, 2016, this auditor received a flash drive containing WMCC's Pre-Audit Questionnaire. The flash drive contained department and agency policies, curriculum and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

On November 25, 2016, a tentative agenda for the PREA audit was sent to the Site Coordinator of WMCC and the Department PREA Coordinator for MDOC. This agenda outlined the when the auditing would be on site, the types of staff and inmates that would be interviewed and when the audit would conclude. The Site Coordinator was advised of which specialized staff would be interviewed as well as which specialized inmate populations would be interviewed.

ONSITE

The auditor was accompanied on the site visit by members of the Kansas PREA team: Joni Foster-Webster and Terrell Brooks. The team was greeted and given a history and the layout of the facility by Warden Sherie Korneman and Deputy Warden (Site Coordinator) Lori Lakey as well as other Executive Team members. The agency Department PREA Coordinator Vevia Sturm was also in attendance throughout the audit process. After the initial meeting, a detailed tour was provided to the auditing team.

Warden Sherie Korneman and Site Coordinator Lori Lakey lead the onsite tour. The tour began with the administration building, which included the intake and orientation as well as visitation. Auditor reviewed camera placements, restrooms and observed barriers to prevent cross-gender viewing when offenders are changed out. PREA reporting information was clearly marked and the PREA video was playing.

The Central Services Building, Recreation Buildings, Warehouse and living units were also toured. PREA reporting information, advocacy information and the Notice of Audit were all clearly visible in all buildings. It should be noted that PREA reporting information was posted in English and in Spanish. In addition, notices were also posted that female staff may be present in the living units.

In the segregation unit, the auditor found that facility took extra measures to determine that cross-gender viewing was kept to a bare minimum. As there are no gender specific posts at WMCC, WMCC has instituted a practice that requires to be turned off if female officers are in the module.

Immediately after the tour, the Site Coordinator provided the auditing team with staff rosters from all three shifts and provided a list of specialized staff. The auditor then randomly selected three staff from each shift, as well as established times to interview specialize staff.

The Site Coordinator provided the auditor with housing unit rosters. In reviewing the housing rosters, the auditor randomly selected five to ten inmates from each unit for 70 inmates to be interviewed. The auditors were then taken to a centralized location and given three offices for confidentiality. The Site Coordinator notified housing units and began having inmates come to our location. Six inmates refused to participate in the audit process.

WMCC provided appropriate accommodations for the auditors to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. The Site Coordinator and Warden were readily available to answer any questions and assist in any way. Staff at WMCC was extremely helpful and polite throughout the entire process and escorted the audit team to each housing unit. They were outstanding to work with and made the onsite portion of this audit work smoothly.

Auditors interviewed 64 inmates with various lengths of stay. The auditors interviewed 24 staff to include the Warden, Site Coordinator,

Investigator, Mental Health Staff, Human Resources staff, Intake Staff, as well as random staff from all three shifts and housing units.

Prior to the exit interview, the auditor reviewed onsite documentation and discussed results of interviews conducted by Joni Foster-Webster and Terrell Brooks. We compared notes and reviewed standards. There was an exit interview conducted at the end of the site visit.

POST AUDIT

After the onsite portion of the PREA audit, this auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

On January 17, 2017, this auditor reached out to WMCC and advised them of the delay in finalizing this report. This delay was not the fault of the WMCC.

On January 23, 2017, the PREA audit report was submitted to the PREA Resource Center and copies were sent to the Warden and Deputy Warden of WMCC, as well as, the statewide PREA coordinator.

DESCRIPTION OF FACILITY CHARACTERISTICS

OVERVIEW OF

History:

Western Missouri Correctional Center (WMCC) is located on 385 acres in Cameron, Missouri. Construction began in June of 1986 and received its first offenders on November 10, 1988.

WMCC is designed for a maximum offender capacity of 1,975, to be housed in ten units. The institution confines minimum and medium security offenders. The institution is designed and constructed in a manner that allows flexibility of the security availability by unit. Minimum security areas, with only minor modifications, can be upgraded to medium security housing.

Institutional design features a Central Services building which dually serves both portions of the offender population. All support services including the warehouse, food services warehouse, food service preparation and dining areas, chapel, laundry, property room, education, library, medical and dental services are located in this building to services the population. The institution's design also includes multiple recreation and visiting areas.

WMCC was built based on projected growth; it was known it would take 12 to 18 months before maximum capacity was reached. A program was approved which allowed WMCC to lease bed space to other states. The objectives were achieved when this occurred. The prison was in full use prior to the expiration of the contractor's warranty and WMCC was able to expeditiously hire a full complement of staff. Beds were leased to Illinois, Colorado, and Washington, D.C.

WMCC was designated as the premier institution for offender education. Nearly half of the population participates in some type of education programs, be it remedial reading or high school equivalency (HSE). Numerous vocational classes are available with the main objective being that the offender will leave WMCC with a marketable job skill. While the classroom study is not considered traditional, it is believed to have a positive impact on offenders who want to learn.

March 2006 was witness to the Missouri Re-entry Process (MRP) Kickoff, including the opening of the Transitional Housing Unit. MRP is a process designed to assist offenders to successfully reintegrate back into society with the skills to be productive citizens, thus reducing recidivism.

In 2008, WMCC underwent a capital improvement security enhancement. The project involved replacing all fire alarms, locking system wiring, and panels in all building.

May 2013, a new Classification System was implemented. The notable change in this new system is three basic security classifications (minimum, medium and maximum) instead of 5 custody level system.

February 2014, WMCC saw the startup of the Enhanced Care Unit in Housing Unit 3, B-Wing. This program is geared to assist WMCC's aging population of offenders who may need assistance with daily living activities, but do not need fulltime care in the Infirmary.

Currently:

WMCC has 26 buildings including ten multiple occupancy cell housing units. This is also included 99 segregation cells. There are no open bay/dorm housing units.

WMCC is a male only facility with the population on the day of the onsite visit being 1,948. The population ranged from 18 -82 in age and consisted of minimum and medium custody.

WMCC has the following programs and services:

- Re-entry Programs
 - Catholic Charities Turn Around
 - Alcoholics Anonymous
 - Anger Management
 - Celebrate Recovery
 - Circle of Transformation
 - Connections to Success
 - Employability Skills
 - Impact of Crime on Victims
 - Journey From Within

- Narcotics Anonymous
- Pathways to Change
- Re-entry Resource Center
- Pre-Release/Transition to Freedom Meetings
- Restorative Justice Program
- NOVA
- Therapeutic Community
- True Freedom is Achievable
- Veteran's Meetings
- Additional Community Resource/Re-entry Partners
- Project Reconnect
- Puppies for Parole
- Medical
 - Corizon Health at WMCC is a medical five facility, which is the highest level of medical care provided. They area handicapped facility and all services are available without utilizing stairs. The medical unit is staffed by licensed practical nurses and registered nurses 24 hours per day/7 days a week. Staff also includes two physicians on site along with a nurse practitioner, two dentists and one optometrist. Medical consists of a ten bed infirmary and are able to provide acute care as needed to the inmate population. It also as SANE nurses on staff.
- Mental Health
 - This department provides individual counseling, group therapy and psychiatric consultation. Mental health staff are on site during regularly business hours and are always on-call to assist in any crises. This unit consists of eight staff members to include a chief of mental health, psychiatrist, mental health nurse practitioner, one psych nurse, and three qualified mental health professionals and a clerk. Offenders assigned to the Administrative Segregation Unit are offered the Eagle program and those classified as MH3 participate in the Mental Awareness Program. Groups are held every Friday morning for the general population. They are:
 - Symptom Management
 - Thinking for a Change
 - Trauma Resolution Program
 - Emotional Empowerment
 - Social Skills
 - Life Skills
 - Medication Education
- Enhanced Care Unit
 - ECU is a housing unit wing that provides the lease restrictive, yet secure placement for offenders with limited medical or mental health conditions that do not require 24 hours a day medical care. Currently, there are five ECU residents in Housing Unit 3, B wing. This wing has a maximum capacity of 12. Daily Living Assistants are trained offender helpers that have been hired to assist ECU offenders in the ECU wing. Daily Living Assistants activities may include, but is not limited to, assistance with grooming, dressing, laundry, canteen, correspondence, getting to meals, visits, cleaning their rooms and to ensure scheduled activities occur.
- Chapel
 - The Chaplain is available for religious concerns, family emergencies and support with personal issues. The Chapel provides the following services:
 - Inside Marriage Arrangements
 - Aftercare Ministries
 - Counseling
 - Emergency Family Contact
 - Greeting Cards
 - Sacred Books
 - Free Literature
 - Audio Visual Room
 - Books
 - Volunteers
 - Special Program Services
 - Religious Items Order
 - Bible Correspondence Course

- Academic Education
 - Education is mandatory for all offenders who do not have a verified high school diploma or a high school equivalency certification. Offenders are mandated to not only attend school, but are required to participate in daily class lessons, complete assigned work, and make a good faith effort toward obtaining certification.
- Vocational Education and Technical Education Center
 - The Vocational Education Department is fully staffed with nine vocational teachers and one office support staff. There are nine vocational programs offered at WMCC. They are:
 - Auto Mechanics
 - Diesel Mechanics
 - Small Engine Mechanics
 - Modern Woodworking
 - Building Trades
 - Basic Welding
 - Electrical Wiring
 - Residential Plumbing
 - Applied Computer Technology
- Recreation
 - The current recreation schedule affords the offender population the opportunity to have either indoor and/or outdoor recreation seven days a week. Only half of the offenders are allowed out to recreation at one time. The schedule rotates so that one day they will have one recreation period then the next day they will have two periods. All Recreation Officers interact with offenders on a daily basis. There are also 21 offenders assigned to each A-Side and B-side recreation in a variety of jobs on a daily basis.
- Food Service
 - WMCC employs 12 staff cooks to prepare meals. Eight correctional officers along with the cooks supervise 312 offender workers in this area.
- Laundry
 - The laundry employs 30 offender workers supervised by one Laundry Manager.

SUMMARY OF AUDIT FINDINGS

It's clear that WMCC believes that incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency, the actions of leadership as well as the knowledge the staff demonstrated of PREA. WMCC leadership was quick to ask great questions when it came to the cross-gender viewing in the segregation and crises level units and to demonstrate the protocol that in place. They were very open with the auditing team and wanted team's input. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

The overall theme of the interviews with inmates included feeling safe at the facility and the belief that staff takes reports of sexual abuse seriously. The inmates were able to explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education upon intake. They did state that their case managers discussed PREA reporting with them. They reported that retaliation when making an allegation was not tolerated. All inmates reported they knew that opposite gender staff announced themselves at the beginning of each shift and felt they had privacy when using the restroom, changing clothes and using the shower. They also reported to seeing the cross gender signs in the dayrooms. Several inmate interviews indicated that once a PREA allegation was made, the victim was immediately placed in segregation. The auditor reviewed additional random files while on site which are maintained by the Site Coordinator and found that this was not the practice of WMCC.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger they would immediately secure the safety of that individual. It is clear that there is a zero –tolerance culture at WMCC.

Interviews with specialized staff were completed and the results were positive and supported the zero-tolerance culture. Each knew their role and responsibilities as it pertains to PREA compliance and documentation. They articulated the coordinated response and the expectations that staff would follow all policies. Administrative staff was very open to any suggestions the auditors presented during the tour and the exit meeting.

Documentation provided in the pre-audit questionnaire was well organized and easy to read. WMCC was found to be in compliance with all PREA standards.

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11(a) has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. (See SOP D1-8.13 Offender Sexual Abuse and Harassment, Section III (A)(2), page 5: "The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation." In this same policy the agency outlines how they will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. This outline can be found starting on page 5 and ends on page 26.

This same policy also includes specific definitions of offender-on-offender sexual abuse as well as offender-on-offender sexual harassment. Definitions in this policy also define staff-on-offender sexual abuse and staff-on-offender sexual harassment.

WMCC also has an additional policy that addresses zero tolerance towards all forms of sexual abuse and sexual harassment. (See D1-8.6 Offender Physical Abuse, Section III (A)(3), page 3: "The department has zero tolerance for all forms of offender abuse and retaliation." In III (B)(1) page 3 it further states, "Failure to report that an offender has been abused is a class A misdemeanor."

In addition to this policy, SOP D4-4.8 Security Camera Operations, Section III (B)(4), page 5 states, "Use of Security camera equipment for the purpose of sexually arousing or gratifying the self or another is prohibited and will be considered staff sexual misconduct and harassment as outlined in department procedures regarding administrative inquiries." This policy also defines offender sexual abuse, offender sexual abuse by another offender, detainee or resident, offender sexual abuse by a staff member, contractor or volunteer and offender sexual harassment.

The auditor also reviewed the employee handbook. On page 20, "Offender Abuse and Sexual Contact with an Offender," it states, "...A person commits the crime of offender abuse by knowingly injuring the physical well-being of an offender by beating, striking, wounding or by having sexual contact with an offender. Offender abuse is a class C felony, which carries a maximum sentence of incarceration of seven years." It goes on to state "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor."

During the interviews with offenders at WMCC, the auditor asked, "Do you feel that staff takes reports of sexual abuse and sexual harassment seriously?" The response from the offenders ranged from a simple "yes" to "they take it almost too seriously." When asked to explain what they meant by "they take it almost too seriously," the inmates explained that once a report is made staff is quick to "snatch" up everyone involved. They stated they are removed from the housing unit and talked to by investigators."

Through the tour of the facility, the auditor noticed signage in every living unit, recreation areas, dining halls, education building that stated sexual abuse is not tolerated at WMCC. Signage also included ways offenders could report such abuse. Signage was easy to find and see as it was located in its own framed bulletin board.

115.11(b) Missouri Department of Corrections (MDOC) has designated an upper-level, agency wide PREA Coordinator. The position of the PREA Coordinator is listed in the MDOC's organizational chart and is under the department's General Counsel. In addition, WMCC has also designated the Deputy Warden of Offender Management as the PREA compliance manager (Site Coordinator). This position is also listed in the facility's organizational chart and reports directly to the Warden of WMCC. Both positions are required per policy D1-1.13, Offender Sexual Abuse and Harassment, Section III (A)(4) and (5), page 6.

The site coordinator (PREA Compliance Manager) states, "I feel like I have enough time to do my job. It's been a good learning experience as I have only been in this job for less than a year."

The statewide PREA coordinator has worked closely with the state's facilities in preparing them for their upcoming audits. The site coordinator states, "The internal audit helped a lot."

During this interview, the site coordinator was able to walk this auditor through WMCC's coordinated response and gave several examples of how this response has come into play at this facility.

115.11(c) N/A WMCC only operates one facility.

Standard 115.12 Contracting with other entities for the confinement of inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.12(a) N/A WMCC does not contract with private agencies or other entities for the confinement of inmates.

115.12(b) N/A WMCC does not contract with private agencies or other entities for the confinement of inmates.

NOTE:

WMCC's parent agency, Missouri Department of Corrections (MDOC) does contract with private agencies and other entities for the placement of inmates.

The requirement of the parent agency to require any new contract or contract renewals with private agencies or other entities the obligation of that party to adopt and comply with the PREA Standards.

This language can be found in MDOC's policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (9), page 7, states, "All residential contractors shall adopt and comply with PREA standards as outlined in their contract with the department..." The policy also states that Chief Administrative Officer or designee shall regularly audit residential contractors to ensure compliance with the PREA standards and the department may enter into contracts with an entity that fails to comply with PREA standards only in emergency circumstances.

WMCC provided an example of what MDOC sends out in their request for proposals (RFP) for residential placement. On page 11 of the RFP, "The state agency has a zero tolerance for any form of sexual misconduct to include staff/contractor/volunteer on offender or offender on offender sexual harassment, sexual assault, sexual abusive contact and consensual sex. Any contractor or contractor's employee or agent who witnesses sexual abuse or sexual harassment must immediately report it to the Chief Operating Office of the residential facility. A contractor or contractor's employee or agent who engages in, fails to report, or knowingly condones sexual harassment or sexual contact with or between offenders shall be grounds for canceling the contract and may subject the contractor or contractor's employee or agent to criminal prosecution. Any contractor, contractor's employee or agent who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution shall be denied access into the institution."

On page 12, the RFP also discusses PREA audit requirements, PREA reviews by MDOC, required staffing patterns as well as the requirements for specific PREA policies.

WMCC provided examples of PREA audit that was conducted at MDOC's contracted placement: Center for Women in Transition-Schirmer House

Standard 115.13 Supervision and monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.13(a) MDOC requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (10) (11), page 7 states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender populations, and the prevalence of substantiated and unsubstantiated offender sexual allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted."

In 2009, the MDOC Division of Adult Institutions established Correctional Officer staffing patterns for all facilities noting minimum staffing for all posts. The Division of Adult Institutions operates with an overall ration of one officer to six offenders, (1:6). MDOC follows National Institute of Corrections suggested methods of calculating staff needs per post. The ratios of supervisory staff to corrections officer and other staff is as follows: One to seven (1:7) Sergeants to Corrections Office I and a one to three (1:3) Lieutenant to Sergeants.

The site coordinator states, "Our overall staffing levels are determined by Central Office. At the facility the site coordinator states he stays in constant communication with the warden and the major regarding staffing levels. The site coordinator also reports there have been no judgments or legal findings made against the facility.

115.13(b) Auditor reviewed memo from WMCC's Chief of Custody to all Shift Supervisors regarding deviation from staff plan. It states, When closing the library and/or chapel or any other changes to the minimal staffing pattern, please provide written documentation to the PREA Site Coordinator and Chief of Custody. Please send the documentation via e-mail and document any changes on your events of shift. Pursuant to D1-8.13 Offender Sexual Abuse and Harassment, Section III, A, 11:11. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted.

*****SOP: Shift Supervisor to submit written documentation to the PREA Site Coordinator any time there is a deviation from the staffing plan. A copy of the documentation goes to the Chief of Custody.** Your prompt attention in this matter is greatly appreciated. Please advise of any additional information you may require."

Auditor reviewed three examples of deviations of the staffing plan. WMCC advises the most common reason for deviating from the staffing plan includes vacancies, call-ins, annual leave, FMLA and training.

115.13(c) WMCC provided a copy of a memo from Dave Dormire, Director of Division of Adult Institutions to the statewide PREA Coordinator with WMCC's Chief of Custody being carbon copied. The memo, dated July 24, 2015, reads, "This is in response to the Division's compliance to PREA Standard – 115.13 Supervision and monitoring. In regard to our staffing, the division continually reviews our staff planning to provide adequate staffing levels and we currently have no significant changes. If any one of the below eleven components would change, it would trigger a review of our staffing plan. Thank you."

Policy D4-4.8, Security Camera Operations, page 5, states, "To assist in the prevention, detection and prosecution of offender sexual abuse and overall security of the facility, the CAO or designee will monitor the feasibility of placement and the need for new or additional requirements equipment. The CAO or designee will maintain a current document reflecting existing video equipment, requests for new purchases, and identified areas needing video surveillance. When debriefing critical incidents consideration shall be given as to whether security camera equipment or monitoring should be augmented to supplement supervision by staff in accordance with department procedures regarding serious incident reporting and debriefing."

RECOMMENDATION: Keep meeting minutes of any discussions regarding discussing security cameras in relation to PREA Audit Report

preventing sexual abuse and sexual harassment.

Auditor reviewed WMCC's calendar year 2014 and 2015 annual report. This report incorporates the review PREA cases, overview of the facility's handling of PREA cases (to include any corrective action the facility implemented), evaluation of monitoring systems as well as the staffing plan. Per the 2015 annual report, the evaluation of camera and monitoring systems was completed on January 14, 2016 and the evaluation of the staff plan was also completed on January 14, 2016.

115.13(d) Policy D1-8.13, Offender Sexual Abuse and Harassment, page 7 states, "Each facility shall ensure the intermediate-level or higher supervisors conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Each facility shall ensure that rounds occur periodically in all areas of the facility. Staff members shall be prohibited from alerting other staff members that these rounds are occurring. The rounds will be documented and readily accessible during audits as outlines in the facilities standard operating procedure."

WMCC also provided copies of Post Order 16.02, "Shift Supervisors" Section IV (B)(15) states, "Conduct two unannounced PREA accessibility tours each shift and document in shift events as well as chronological log of area toured. There is to be no announcement by staff that this tour is being completed." In addition, page 5 of this same policy states, "Shift supervisors will investigate all PREA related events and notifications will be made as necessary. Complete the PREA notification checklist and turn in all supporting documentation to the PREA Site Coordinator by the end of the shift."

SOP IS20-1.1, Post Orders, Section III (B)(4)(a) page 2 – 3 states, "The chief administrative officer (CAO) of each institution shall: ensure post orders for supervisory custody staff members includes language that requires conducting unannounced supervisor rounds, and requires supervisors to record said rounds on the staff member sign-in form. Unannounced supervisor rounds shall occur periodically on each shift in all areas of the facility and establish a standard for which the chief of custody audits the post sign-in forms verifying the completion of conducted unannounced supervisor rounds. Shall ensure all staff member post orders include a general order prohibiting staff members from alerting each other that unannounced supervisor rounds are occurring, unless such announcement is related to legitimate operational functions of the facility"

Auditor reviewed eight random Shift Summary reports from first shift during an eight-month period in 2016. Ten random shift summary reports were viewed for 2nd shift and eight random shift summaries from third shift. Both of shift reviews covered an eight-month period in 2016. These reports document any significant events, changes in housing assignments, incidents of use of force, any special security orders, if staff overtime occurred as well as unannounced rounds completed by captains and lieutenants.

Auditor also reviewed an email dated September 22, 2016 from the chief of custody to all shift supervisors at WMCC. It states, "Shift Supervisors are required to conduct PREA checks of all areas of the institution where Offenders live or work during the month. Please ensure that all areas have been visited at least once a month during your shift. If no offenders were present in these areas during the month, note N/A on your monthly report. Second & third Shift should visit all areas during the month. 1st Shift will note N/A on the monthly checks to note that no Offenders were present in these areas during the shift. Please ensure that all areas have been checked during the month. Effective Sept, 2016: if you do not complete the checks of all areas, a written explanation is to be attached to your End of Month report explaining why the checks were not completed. Thank you."

During the tour of WMCC, the auditor stopped and talked to random staff in the housing units. At least one staff member from every housing unit was asked if supervisors conducted unannounced rounds. The overwhelming response from staff was "yes." The overall impression from staff is that management is approachable and they do not worry "when one comes on to the unit." This was also apparent during the tour as staff and inmates alike approached the warden to say "hi."

The auditor also interviewed a Shift Supervisor (Lieutenant) in regards to unannounced rounds. He states, "I am very proactive and am doing rounds at all times. I file institutional reports with the Chief of Custody and each housing unit chronos the visit in their lo." When asked how they prevent staff from alerting other staff he replied, "I make sure I change up my routine."

Standard 115.14 Youthful inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.14(a)(b)(c) WMCC does not house youthful offenders.

NOTE:

MDOC Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III, (C)(4), page 11 states, "A youthful offender shall not be placed in a housing unit which he shall have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters..."

This is also required by Missouri law: Chapter 217, Department of Corrections, Section 217.345, dated August 28, 2013

Standard 115.15 Limits to cross-gender viewing and searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC does not have any gender specific posts.

115.15(a) WMCC is a male only facility and does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. In the past twelve months there has been no cross-gender strip or cross-gender visual body cavity searches of inmates.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C) (7), page 12 – 13 states, "Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services procedure...Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff of opposite gender viewing their breast, buttock, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks...Staff of the opposite gender shall announce their presence prior to entering an offender housing unit...Announcements shall be recorded."

The same policy also states, "When a cross-gender staff member is assigned to the living quarters for the duration of the shift, the cross-gender announcement shall be made at the beginning of the shift. If no cross-gender staff members are assigned to a living quarter, an announcement shall be made every time a cross-gender staff member enters the area. All announcements must be logged on the chronological log by the person making the announcement. If a circumstance arises to where a cross-gender announcement could comprise the safety, security and good order of the facility, then the shift supervisor may declare the circumstance to be exigent and grant the authority to wave the announcement. To notify hard of hearing offenders, all housing units should display a sign indicating when a cross-gender staff member is present. If a staff member of the opposite gender is required to venture past privacy barriers, and no exigent circumstances exist, the staff member shall verbally announce their presence to the offenders and allow the offenders to seek privacy from the staff member viewing the offender's buttocks, breast, or genitalia. Staff members shall not perform strip- or pat-down searches or conduct a physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center. Staff members shall be trained in how to conduct cross-gender pat-down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs"

Policy IS20-1.3, "Searches", page 8, states, "To the extent possible, strip searches will be conducted in an area to allow privacy to the offender. Strip searches will be conducted by staff members of the same gender, except in exigent circumstances. Exigent circumstances include: time delaying a search could allow for the destruction of evidence, escape of an offender, endangerment of life, health or property of staff members, offenders, or the public, emergency movement situations (i.e., crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons. Staff members will document a cross gender strip search on the cross gender search form. The shift supervisor will make all applicable notification in accordance with standard operating procedures and forward the cross gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross gender search form. If it is determined the search was conducted under non-exigent circumstances, it will be referred for review and action as deemed appropriate. The PREA site coordinator will maintain the cross-gender search form and supporting documentation for tracking purposes. No staff member shall perform a strip or thorough pat search for the sole purpose of determining an offender's gender.

115.15(b) N/A WMCC is a male only facility.

116.15(c) Policy IS20-1.3, page 8 and 9, "Searches," also states, "Staff members will document a cross gender strip search on the cross gender search form. The shift supervisor will make all applicable notifications in accordance with standard operating procedures and forward the cross gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross gender search form. If it is determined the search was conducted under non-exigent circumstances, it will be referred for review and action as deemed appropriate. The PREA site coordinator will maintain the cross gender search form and supporting documentation as deemed appropriate."

Staff was emphatic that no cross gender strip searches are allowed at this facility except in the instance of exigent circumstances. All male inmates interviewed stated they have never had a female staff member strip search them.

WMCC reported they had no cross-gender strip searches in the past twelve months.

115.15(d) Policy D4-4.8 Security Camera Operations, Section III (B), page 5 states "As authorized by the CAO, stationary security cameras should be positioned where placement will enhance security operations as to view live monitoring of visual images in areas where offenders may be located...Security cameras may be placed in restroom/shower areas when barriers or camera positioning prevents the capture of images of genitals, buttocks, or female breasts. Exceptions will be allowed with approval from the appropriate deputy division director." On page 6 of this same policy it states, "The CAO will designate authorized staff to review visual images at the original source as it relates to their assigned job duties as outlined in standard operating procedures. Access to visual images and recordings should be limited in order to maintain integrity and security. Custody posts designated for the specific purpose of viewing offender confinement within living environments where use of restroom, showers, strip cells, etc., occur shall be designated as same gender posts with the approval from the appropriate deputy division director. The Warden, Deputy Warden, Assistant Warden, Chief of Custody, Investigators, Functional Unit Managers, Shift Commanders, Lieutenants and Electronic Technicians are authorized to review visual images at the original source."

WMCC has also implemented additional policies that allow inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their genitals. IS & SOP version of 6-1.3 Offender Personal Appearance and Grooming, Section III (A)(1) states, "Offenders must be dressed at all times as nudity is not permitted at any time other than when taking a shower or to address hygienic and bodily functions. Offender clothing shall be clean at all times and not worn in any manner or style to identify with or against a gang in accordance with institutional services procedures regarding offender conduct rules and sanctions. Offenders may be required to have clothing laundered at other than normal times due to sanitation or medical needs. Offenders should use privacy barriers provided when using the restroom and when changing clothes."

Auditor reviewed a memo dated November 9, 2016 from the Chief of Custody to all WMCC staff regarding "Suicide Watch Offenders-Cross Gender Procedure." It reads, "In the event that an Offender on suicide watch removes his suicide smock while a female officer is assigned to the control module the following procedure will be followed. The module Officer will advise the housing Sergeant that the Offender has removed the suicide smock. If the Offender refuses to comply with the directive to wear the suicide smock the Sergeant will replace the female module officer with a male Officer to prevent cross-gender viewing of the Offender."

Policy SOP D1-8.13 "Offender Sexual Abuse and Harassment" page 11 reads, "Staff of the opposite gender shall announce their presence prior to entering an offender housing unit. Once the announcement has been made other announcements are not required for the remainder of the shift. Announcements shall be recorded. When a cross-gender staff member is assigned to the living quarters for the duration of the shift, the cross-gender announcement shall be made at the beginning of the shift. If no cross-gender staff members are assigned to a living quarter, an announcement shall be made every time a cross-gender staff member enters the area. All announcement must be logged on the chronological log by the person making the announcement. If a circumstance arises to where a cross-gender announcement could compromise the safety, security, and good order of the facility, then the shift supervisor may declare the circumstance to be exigent and grant the authority to wave the announcement. To notify hard of hearing offenders, all housing units should display a sign indicating when

a cross-gender staff member is present.”

Auditor reviewed memo dated October 28, 2016 from the Site Coordinator to all WMCC staff regarding “PREA Cross Gender Announcement and Signage.” It reads, “In order to remain compliant with section 111.15 (Limits to Cross Gender Viewing and Searches) staff of the opposite gender are to announce their presence when entering an offender housing unit. Below are instruction when the housing unit module office will announce the presence of female staff members entering the housing unit: 1) When a female staff member is assigned to the living quarters for the duration of the shift, the cross gender announcement shall be made at the beginning of the shift; 2) If no female staff members are assigned to the housing unit an announcement shall be made every time a female staff member enters the area; 3) All announcements must be logged on the chronological log by the person making the announcement. To notify hearing impaired offenders that a female is present in the living area, the control module officer will be responsible for displaying signage. All housing units have been provided with suction cups with metal hooks to hang the signage. Signage will be displayed in the following locations inside the module: 1) Lower right corner of the third module window facing A-wing; 2) Lower left corner of the fourth module window facing B-wing; 3) Lower right corner of the fourth module window facing C-wing; 4) Lower left corner of the third module window facing D-wing. These signs will only be displayed when females are on duty in the living area and will be turned to the blank side when females are not present in the housing unit...”

Auditor reviewed a memo dated November 16, 2016 from the Chief of Security to all staff regarding “PREA Camera Shut off Procedure: Housing Unit #1.” The memo reads, “At this time the camera shut off for Housing Unit #1 suicide watch cells has been in place. Please review and adhere to the following process for shutting off these cameras. The camera system cabinet is to remain secured at all times. The cameras will remain on at all times when an Offender is on a mental health watch status. An offender on a mental health status will not be placed into a cell until the camera is turned on. The cameras will be shut off any time an Offender who is not on a mental health status is housed in the camera cells. Anytime an Offender assigned to a camera cell is taken off a mental health watch status, the housing unit Sergeant will review the Offender’s ICR and verify the removal of the status. The housing unit Sergeant will notify an appropriate supervisor to have the camera shut off in the cell. The camera system cabinet may only be accessed by the following staff using CD60 key: Shift Supervisor, Housing Unit 1 FUM, Assistant Shift Supervisor, and Administrative Segregation Lieutenant. Whenever a cell camera is shut off, the Module Officer will document the camera being turned off by the cell number. Supervisors are responsible for ensuring adherence with this procedure. Please advise of any questions you may have.”

During the tour of Housing Unit 1, auditor observed how this policy is used. Facility administration unlocked the camera system cabinet and demonstrated how it works. Auditors also spoke to random staff working in this Housing Unit and asked about this policy. Each staff member was able to describe how this process works and what is expected of him or her to avoid cross-gender viewing.

During the tour of the facility, auditor observed the PREA barriers in the transitional care units, reception unit, visiting and segregation.

This auditor also reviewed post orders for Segregation Lieutenant, Housing Unit Sergeant, Segregation Unit Sergeant, Segregation Utility Officer and Housing Unit Utility Officer from WMCC. The post orders include in the following information, “All staff are expected to be knowledgeable of the Prison Rape Elimination Act (PREA) standards and reporting procedures as well as policy/SOP regarding offender sexual abuse and harassment. When a cross-gender staff member is assigned to the living quarters for the duration of the shift, the cross-gender announcements shall be made at the beginning of the shift. If no cross-gender staff members are assigned to the living quarter, an announcement shall be made every time a cross-gender staff member enters the area. All announcements must be logged on the chronological log by the person making the announcement. If a circumstance arises to where a cross-gender announces would compromise the safety, security and good order of the facility, then the shift supervisor may declare the circumstances to be exigent and grant the authority to wave the announcement. To notify hard of hearing offenders, all housing units should display a sign indicating when a cross-gender staff member is present.”

Auditor reviewed a memo dated February 18, 2016 addressed to all wardens in Missouri from Dave Domire, Director, Division of Adult Institutions. The subject of this memo was “PREA Announcement – Revision.” The memo reads, “When a cross gender staff member is assigned to the living quarters for the duration of the shift, the cross gender announcement shall be made at the beginning of the shift. If no cross gender staff members are assigned to a living quarters, an announcement shall be made every time a cross gender staff member enters the area. All announcements must be logged on the chronological log by the person making the announcement.” This memo further reads, “If a circumstance arises to where a cross gender announcement could comprise the safety, security, and good order of the facility, then the shift supervisor may declare the circumstance to be exigent and grant the authority to wave the announcement. All exigent circumstances shall be documented by the shift supervisor. When immediate assistance is needed such as a 10-49 or a 10-5, prior approval is not necessary from the shift supervisor...To notify hearing impaired offenders of cross gender staff in the housing unit; all housing units should display a sign indicating when a cross gender staff member is present.”

115.15(e) The facility has a policy prohibiting staff from searching or physically examining transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. The policy SOP D1-8.13, Offender Sexual Abuse and Harassment, Section III, (C) (7c) states, “Staff members shall not perform strip – or pat-down searches or conduct physical examination for the sole purpose of determining an offender’s genital status in accordance with the institutional services procedures regarding searches, reception and

orientation, and receiving screening intake center.”

This is also prohibited in policy IS & SOP 11-34.1 Health Assessment and/or Physical Examination at Reception, page 4, reads, “The facility shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender’s genital status. If the offender’s genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by the responsible physician,” and in IS & SOP 20-1.3 Searches, page 9. This policy reads, “No staff member shall perform a strip search or thorough pat search for the sole purpose of determining an offender’s gender.”

In interviewing, staff stated they were not allowed to pat search an inmate to determine their genitalia. Intake staff stated if there was a question on the genital status of an inmate, medical would conduct the physical search.

115.15(f) Training requirements for cross-gender pat down searches of transgender and intersex offenders can also be found in SOP D1-8.13 Offender Sexual Abuse and Harassment, page 13. This policy states, “Staff members shall be trained in how to conduct cross-gender pat-down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs.”

Policy SOP IS20-1.3, Searches, page 10, reads, “Transgender or Intersex Thorough Pat Search - When thorough pat searching a transgender or intersex male offender’s upper torso, male staff members will utilize the female offender search technique.

Auditor reviewed MDOC statewide lesson plan titled Institutional Searches dated May 2014. Instructions from cross-gender searches can be found on pages 13-14; the lesson plan reads, “As stated before, pat searches are preferable if conducted by same gender staff, but that is not always practical and a cross-gender search must be conducted. The cross gender search is comparable to a same gender pat search but when performed the officer will utilize the back of the hand to search the following areas: 1) chest or breast area, 2) sides, 3) armpits, 4) lower abdomen, and 5) buttocks. Please note a male officer search a female offender will only occur during an exigent circumstance. Policy IS20-1.3 states that an exigent circumstance is any set of temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.” At this point of the lesson plan, participants watch two training videos: “Thorough Female on Male” (7:40 minutes) and “Thorough Male on Female” (7:58 minutes).

Transcript for the Thorough Female on Male Pat Search can be found on pages 14 -16 and the Transcript for Transgender, Intersex or Gender Unknown Searches can be found on pages 20 -21 of the curriculum. The lesson plan reads, “Another unique search is a search involving a transgender, intersex or gender unknown offender. PREA requires the Missouri have a standard in place for pat search of transgendered and intersex offenders. Policy IS20-1.3 states that when pat searching a transgender male offender, male staff will utilize the female search technique when searching the offender’s upper torso. If the gender of the offender is unknown, a female staff member will be assigned to perform the pat search.”

WMCC provided training records showing that 728 participants have been trained in this curriculum from September 26, 2014 – August 1, 2016.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC has established procedures to provide disabled inmates and inmates with limited English proficiency equal opportunities to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

115.16(a)(b) Policy SOP D1-8.13 Offender Sexual Abuse and Harassment, Section III (C) 6, page 11 states, “ The department shall provide PREA related education in formats accessible to all offenders including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department’s procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender’s native language. If the documents are unable to be translated as a recognized language the departments PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through the PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment...”

WMCC provided examples of PREA Brochures and Acknowledgement Forms in the following languages: English, Japanese, Servo Croatian, Spanish, Vietnamese, Russian, Simplified Chinese, Traditional Chinese, Large Print and Braille. PREA posters were in English and Spanish.

Transcripts of the video, “Speaking Up,” from the National Institute of Corrections are available for the hearing impaired. They are available in English and Spanish.

PREA posters were located throughout the facility in English and Spanish.

WMCC currently has five staff members that can interpret Spanish and one staff member that can interpret Tagalog. These staff members have agreed to act as interpreters if needed by the facility.

Auditor reviewed the following contracts: Sign Language Interpretive Services (3/31/2017), Language Interpreter – Verbal (6/30/2017), Written Language Translation Services (4/30/2017), and Telephone Based Interpretive Services (6/30/2017).

On November 6, 2016, WMCC established an account with CTS Language Link for over the phone interpretation services. This service also provides documentation translation and audiovisual services.

Random staff interviews indicated that staff was aware of other staff member that may be used as interpreters. The overall consensus on using offenders as interpreters can be summed up by this quote, “Only if the safety and security of the facility was a factor.”

On the day of the onsite portion of the audit there were no inmates with limited English proficiency at WMCC .

As part of all institutional basic training, staff receive a two-hour course on special needs offenders. This course focuses on comparing and contrasting individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Staff will assess potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication. provided random training rosters from June 1, 2016 to July 30, 2016 showing 31 participants received this training.

115.16(c) WMCC’s Coordinated Response lists CTS Language Link at a recourse for those victims who are limited English proficient. NOTE: No inmate interpreters have been used in this type of circumstance.

Auditor reviewed a memo dated August 4, 2016 from WMCC’s Site Coordinator to all staff. The subject of the memo was “Offender Interpreters.” The memo states, “ WMCC does not use offender interpreters in instances of PREA claims, investigations, counseling or any other PREA issues.”

Standard 115.17 Hiring and promotion decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC has several policies in place that prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor, volunteer, or intern who has engaged in sexual abuse of an inmate.

115.17(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B), pages 7 – 8 states, “Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known; that he has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse.”

WMCC provided a copy of an email from the State HR Director dated 12/1/2014 to all facility Human Resources divisions outlining ineligibility of applicants with substantiated allegations or resigned during an investigation.

Prior to conducting an interview with facility’s human resources director, a random selection ten employee files was conduct to determine whether a criminal background check was conducted. In all ten files, the audit team was able to find documentation that criminal background checks were conducted. In addition, the auditor reviewed five background checks on two new hires and three background checks on current staff that were being considered for promotion.

During the human resources director’s interview, she stated the facility asks all applicants/employees about any previous misconduct. She advised this question is on all applications. NOTE: A blank copy of the application for employment for WMCC was provided to the audit team. The audit team was able to locate these three questions:

- While working or volunteering at this facility, were you terminated or otherwise disciplined or counseled for sexual contact with or sexual harassment of an inmate, detainee or resident of the facility?
- Have you pled guilty to or been found guilty of engaging in sexual activity or attempting sexual activity involving force or inflicted upon a person unable to give consent?
- Have you been found to have engaged in sexual activity or attempted sexual activity involving force or inflicted upon a person unable to consent, by a civil or administrative body? This includes actions taken upon a professional license or a professional registry and any internal administrative investigation results.

115.17(b) Policy D1-8.13 Offender Sexual Abuse and Harassment further states, “Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor who may have contract with offenders in accordance with departments procedures regarding background investigations, promotional appointments, maintenance of employee records, employee discipline, and labor organizations.”

The human resource director indicated that questions asking if applicants have ever worked in a facility governed by PREA include questions on sexual harassment. If they indicate “yes” on the application, it is investigated.

On the copy of the blank application (appendix 1) given to the audit team it reads, “Effective August 2013, the Department of Corrections must be compliance with final standards implementing the Prison Rape Elimination Act (PREA), issued by the U. S. Department of Justice. The following questions are being asked of all applicants who may have contact with offenders as part of their regular job or volunteer duties.” (The questions listed are sited under documentation for 115.17(a).)

115.17(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, also states, “Before hiring new employees the human resources staff members or designee shall perform a criminal background records check and contact all prior institutional employers when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the department procedure regarding background investigations.”

The following hiring policies also have a PREA component: D2-2.1, Selection Procedure – Merit Appointments, page 8; D2-2.2 Background Investigations, pages 2, 4, 5; D2-2.8 Promotional Appointment, page 3; D2-2.10 Re-Employment Appointment, page 3; D2-13.1 Volunteers, page 6; D2-13.2 Student Interns, page 4. Each of these policies has the following statement, “A background investigation shall be conducted in accordance with the department procedure regarding background investigations.”

The human resource director at WMCC states that criminal background checks are done for all newly hired and returning employees.

115.17(d) D2-2.2, Background Investigations, defines a staff person as any person who is employed by the department on a classified or unclassified basis (permanent, temporary, part-time, hourly, per diem) and are paid by the State of Missouri's payroll system; contracted to perform services on a recurring basis within a department facility (such as medical services, mental health services, education services, vocational services, substance abuse services, etc.) pursuant to a contractual agreement and has been issued a permanent department identification card; a volunteer in corrections; a student intern; or issued a permanent departmental identification or special access card or special access in accordance with department procedure regarding staff identification."

An email dated 5/6/2015 from the Director of Division of Offender Rehabilitation Services to contractors with MDOC on background checks reads, "Make sure you document responses to these questions and keep all this information in the hiring folder. If the institutional employer will not provide information on the applicant, document this as well. We must be able to show our due diligence in obtaining this information for PREA auditing purposes. If the applicant did have a substantiated allegation of sexual abuse and/or they resigned during an investigation for such, they should be considered ineligible for any position (employee or contractor) which has offender contact."

A memo dated August 29, 2016 from the Site Coordinator to the Corizon Health Administrator regarding "Hiring Procedure" reads, "The following procedure should be utilized for possible new hires: When the interview is scheduled, provide the Deputy Warden's office with the name, social security number, birth date of the applicant(s) and time and date of the interview. XXXXXXXXXX will run a background check and Deputy Warden XXXXX will review and if approved to enter the facility their name will be placed on the I:Drive approved clearance list and you will be notified. During the interview, have the applicant sign the Release of Information and PREA Appendix. Once you have chosen a candidate for hire, forward the documents to my office for final approval. After receiving approval, offer the candidate employment on the condition they pass the UA. The candidate must provide a UA within five (5) working days of the offer of employment."

The facility's director of human resources reported background checks are done for newly hired and returning employees, contractors. She states the facility uses the Highway Patrol's System as well as MULES to conduct criminal record checks. She also states that employees have a duty to report any arrests. When it comes to reporting information on former employees who apply to work at other institutions, she states, "This is done through Central Office. They can look in the COIN system to see if this information exists."

115.17(e) D2-11.14 Annual Employment Requirements reads, "Each calendar year, in the month following each staff member's birth month, specific employment requirements verifications should be conducted; a criminal history check shall be conducted to include outstanding warrants..." The policy goes on to read, "Criminal history checks will be conducted and will consist of a query through the Missouri Uniform Law Enforcement System (MULES), and the National Criminal Information Center (NCIC) system. Staff members conducting the Missouri Uniform Law Enforcement System and National Criminal Information Center checks will document the name and title of the requestor and the reason for the request on the criminal history record log/printout. When adverse findings are not, the CAO will be notified and copied on the criminal history printout."

115.17(f) The auditor also reviewed the employee handbook. On page 18, "Employee Conduct – Reporting Criminal Misconduct (Arrest)" states, "Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest ranking staff member available. In this context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation."

The human resource director stated that it specifically listed on their applications that all arrests are to be reported to the facility.

115.17(g) On page 45 of the employee handbook, "Employee Discipline," it states, "Appointing authorities of the Department are authorized by state law to discipline employees. Disciplinary action may consist of a written reprimand, suspension, demotion, or dismissal. The appointing authority may discipline an employee based upon unsatisfactory performance of job duties or misconduct...In addition to these actions while on duty, an appointing authority may discipline an employee for off duty misconduct, especially misconduct that is unprofessional or criminal. Employees who have been charged with a criminal offense may be suspended while the charge is pending."

115.17(h) Policy D2-5.1 "Maintenance of Employee Records", page 7, Section (III)(K)(3) states, "A verification of information, other than public information, will be made with a written authorization from the employee. Verification may include inquiries from prospective institutional employers pertaining to sustained allegations of sexual abuse and/or harassment of an offender or resident during employment by the department. Such information will be obtained by contracting central office human resources."

Standard 115.18 Upgrades to facilities and technologies

☐ Exceeds Standard (substantially exceeds requirement of standard)

- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.18(a) N/A WMCC has not acquired a new facility or made a substantial expansion to the existing facility since the last PREA audit dated October 23, 2014.

115.18(b) WMCC has installed and updated their video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. This is WMCC's second PREA audit.

PREA Annual Report Protocol "At least once a year, the facility must evaluate their need for additional cameras and monitoring systems."

Auditor reviewed a memo dated February 18, 2016 regarding "PREA Security Camera/Institutional Video Monitoring Evaluation," from the Chief of Security to the Warden. This memo outlined the results of the comprehensive review of all security cameras, servers, and monitors at WMCC. This memo also highlighted the meeting held on January 27, 2016 to discuss the placement of Security Cameras and Institutional Video Monitoring."

Auditor reviewed the WMCC Security Camera Upgrades memo dated November 2, 2016. This memo outlines the addition of 11 new cameras and their location. Encoders, including an additional camera, were also installed in Housing Units 6, 7, 8, 9, and 10.

Policy SOPD4-4.8 "Security Camera Operations," Section C "Assessment" page 5, states, "To assist in the prevention, detection and prosecution of offender sexual abuse and overall security of the facility, the CAO or designee will monitor the feasibility of placement and the need for new or additional equipment. The CAO or designee will maintain a current document reflecting existing video equipment, requests for new purchases, and identified areas needing video surveillance. When debriefing critical incidents consideration shall be given as to whether security camera equipment monitoring should be augmented to supplement supervision by staff in accordance with department procedure regarding serious incident reporting and debriefing."

Auditor also reviewed two security inspection reports of the camera system at WMCC. These reports were dated June 2016 and July 2016.

This facility has excellent camera coverage. Camera placement along with direct supervision of the staff, and strategic placement of rounded mirrors reduced blind spots and enhanced the safety of the offenders housed at this facility.

Standard 115.21 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC is responsible for conducting administrative and criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). Investigations conducted at follow a uniform evidence protocol. This protocol is also developmentally

appropriate for youth.

Forensic medical exams are offered without financial cost to victims. All exams, where possible, are conducted by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners. If they are not available qualified medical professionals conduct the exams.

Qualified Staff trained as victim advocates are made available to all victims.

115.21(a) During the interviews of random staff all stated they would secure and separate the offenders. They explained they would not allow anyone to shower, get a drink or change clothes. They stated they would secure the scene and notify their supervisor. While some of the staff was not sure who was responsible for conducting the sexual abuse investigations, they all knew their role in preserving evidence.

115.21(b) Evidence collection is based on nationally recognized protocols for collection and preservation of evidence as discussed in the “A National Protocol for Sexual Assault Medical Forensic Examinations.” The State PREA Coordinator reports, “We didn’t use a specific source; we follow the national standards based on training received.” The State Coordinator also reports this protocol is appropriate for youth.

115.21(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (G) Health Services Care, pages 17 – 20, states “Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment. When conducting a medical assessment of any victim or alleged or suspected perpetrator of an incident of sexual abuse or sexual harassment health services staff members may not collect evidence but shall assist in the preservation of items related to the incident. Health services staff members should screen victims for obvious physical trauma, and at that time provide emergency medical care. If an allegation of offender sexual abuse is made within 72 hours of the event and consists of penetration of the mouth, anus, buttocks or vulva, of any kind, however, slight, by hand finger, object instrument or penis, the victim should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible, for gathering of evidence. If it has been greater than 72 hours since the alleged abuse, and the alleged victim has not showered, they should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible for gathering of evidence. Health services staff members should contact the shift commander and the community emergency room to arrange transportation to the emergency room in accordance with institutional services procedures regarding offender transportation, hospital and specialized ambulatory care. If the victim has showered and it has been more than 72 hours since the reported assault, the physician should determine treatment and whether or not the victim will be sent off site for a forensic exam. For investigative purposes, the investigator may choose to have the victim sent out for a forensic exam.” CDCC has a contract with Heartland Regional Medical Center in St. Joseph, Missouri to conduct all SANE/SAFE’s In the past 12 months, no exams have been performed.

115.21(d)(e) In addition, policy D1-8.13, “Offender Sexual Abuse and Harassment,” Section III (K) page 20, addresses Advocacy. It states, “Each facility shall offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention and be available during the investigative process. Each facility shall attempt to enter into a memorandum of understanding with a rape crisis center to provide advocacy services in accordance with the department’s procedure regarding professional and general services contracts. If a facility is unable to enter into a memorandum of understanding with the advocacy center, the attempt shall be documented and advocacy services shall be sought from a community based organization qualified to provide such services. When the facility cannot successfully enter into a memorandum of understanding with an outside community service provider for offender victim advocacy services, a qualified staff victim advocate shall be provided. All staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. All services provided by staff victim advocates to offender victims shall be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee shall serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee shall ensure the continuity of advocacy services in the event the victim is transferred while receiving services.”

WMCC has attempted to contract with a local community advocate, Green Hills Women’s Shelter. Auditor reviewed an email dated November 1, 2016 regarding the attempt to collaborate Green Hills Women’s Shelter. Staff with the facility stated they are unable at this to form a collaborative partnership with WMCC. However, WMCC does have an MOU with the YWCA in St. Joseph, MO to provide victim advocates. This MOU was signed in 2014 and remains in effect. In addition, Chaplains at the facility have been trained by the Missouri Coalition against Domestic and Sexual Violence to be qualified staff advocates. (Auditor reviewed curriculum used to train Chaplains.) Facility also has established a PREA Advocate Availability Rotation Schedule.

During the tour of WMCC, information about outside emotional support services, such as Just Detention International, was posted throughout the facility.

While this auditor interviewed several inmates that reported sexual abuse, only one was willing to talk about his experience. He reported that she was not aware that he could have access to an advocate. He states that no one from the facility came and spoke with him.

RECOMMENDATIONS: It is recommended that offenders are re-educated about emotional support services available at the facility. One way this can be done is during meetings between offenders and their case managers. Case managers can have this information readily available in their offices if they receive a report that sexual abuse has occurred.

The audit did review ten “Consent for Facility Advocacy Services.” All three forms were signed by inmates and witnessed by staff showing one requesting advocacy services through the facility and two refusing advocacy services.

115.21(f) The Inspector General’s Office conducts all criminal investigations for the MDOC. Each facility has investigators assigned to them. WMCC currently has two investigators. WMCC is responsible for administrative investigations.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency ensures that administrative or criminal investigations are completed on all allegations of sexual abuse and sexual harassment. All allegations of sexual abuse or sexual harassment are referred to the Inspector General for review. They determine if a criminal investigation is to be opened. If they do not open a criminal investigation, the warden then refers the case for administrative investigation.

115.22(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (H) Investigations, page 20-21, states, “The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department’s intranet website...”

See also policy D1-8.4 Administrative Inquiries, page 6, reads “The offender sexual abuse coordinated response will be initiated on all allegations of offender sexual abuse or harassment, including anonymous and third party allegations, in accordance with the department’s procedure regarding offender sexual abuse and harassment...Allegations of category II or III behaviors will be processed in accordance with the department procedure regarding the investigation unit responsibilities and actions. Allegations of offender abuse related to pat searches will be handled in accordance with the PREA coordinated response protocol. The office of inspector general may conduct investigations associated with pat searches depending on the nature of the allegation.”

During the past twelve months, WMCC received 67 allegations of sexual abuse and sexual harassment. Of these cases 38 resulted in administrative investigations and 29 were referred for criminal investigations.

115.22(b) Policy D1-8.1 Investigation Unit Responsibilities and Actions define offenders’ sexual harassment by a staff member and staff member sexual misconduct. On page 7 of this policy it reads, “The facility shall report all allegations of sexual abuse, including third-party and anonymous reports, in accordance with the department procedure addressing offender sexual abuse and harassment. If the department receives notification from another agency that an offender alleges to be a victim of sexual abuse or harassment while incarcerated in the department, an investigation or inquiry may be conducted in accordance with investigation unit responsibilities and actions or administrative inquiries procedures.”

115.22(c) Policy D1-8.13 Offender Sexual Abuse and Harassment can be found on MDOC website at <http://doc.mo.gov/OD/PREA/php>

Standard 115.31 Employee training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC trains all employees who have contact with inmates on the 10 elements identified in this standard.

115.31(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (4), page 8, covers training requirements for new staff, current staff, part-time employees, volunteers, contract staff members and vendors. "All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years, in which an employee does not receive training, the department's PREA coordinator shall provide current information on sexual abuse and sexual harassment policies. Part-time employees, volunteers and contract staff members shall receive PREA specific training to their classification as determined by the appropriate division director and chief of staff training. Vendor contractors shall be escorted by a staff member at all times or shall receive PRA training prior to entering the facility. Contracted residential facilities shall ensure all staff are trained on PREA as outlined in the residential contract. Work release supervisors shall receive specific PREA training during their offender work release procedure training."

Auditor reviewed the following curriculum: Basic Training, dated November 2013; and PREA 2014 Refresher Training. Both the Basic Training and the Refresher Training curriculum contained the 10 elements required in this standard.

All staff interviewed during this audit was able to describe major portions of the training they received on PREA.

115.31(b) Policy D1-8.13 Offender Sexual Abuse and Harassment also reads, "All new staff member who shall be placed at a female facility will receive Working with the Female Offender training prior to being placed on post. A staff member shall receive additional training if they are reassigned from a facility that houses only male offender to a facility that houses only female offenders. A staff member shall receive additional training if they are from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional training occurred more than two years prior to the time of assignment."

Policy D2-2.13 Transfer of Employees (E), page 6, covers training requirements for staff that transfer between facilities.

115.31(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (B) (4) reads, "All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years, in which an employee does not receive training, the department's PREA coordinator shall provide current information on sexual abuse and sexual harassment policies."

WMCC provided examples of staff meeting minutes, per housing units, document reviews of PREA compliance.

Auditor was also advised that MDOC ensures the PREA intranet page is kept up to date. This page is readily available to all staff and contains all things PREA." (Auditor was provided an example of what this page looks like.)

115.31(d) Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, "All completed PREA trainings shall require a PREA Acknowledgement form or PREA basic training acknowledgement form stating the staff member understood and completed the training. This form shall be routed through the facility training officer or regional training coordinator. The facility training officer or regional training coordinator shall send the original PREA acknowledgement form to the central office human resources personnel for retaining in the employee's personnel file..."

Auditor reviewed training records of random staff found signed acknowledgments in each file.

Standard 115.32 Volunteer and contractor training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

115.32(a)(b) Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, "Part-time employees, volunteers and contract staff members shall receive PREA specific training to their classification as determined by the appropriate division director and chief of staff training. Vendor contractors shall be escorted by a staff member at all times or shall receive PRA training prior to entering the facility. Contracted residential facilities shall ensure all staff are trained on PREA as outlined in the residential contract. Work release supervisors shall receive specific PREA training during their offender work release procedure training."

Auditor reviewed the following curriculums:

- PREA Basic (This is the same training that all staff receive.)
- Volunteers in Corrections Basic Training (6 hour course)
 - This course teaches volunteers to identify the characteristics of a PREA victims and perpetrator and how discrimination and harassment may affect the workplace.
- Offenders Work Release Supervisor Training (5 hour course)
 - This course teaches signs of offender sexual abuse and to identify appropriate responses to be taken by staff when there is an allegation of sexual abuse. In March 2016, 22 participants completed this course and the auditor found signed acknowledgments for every participant.
- The Profession of Corrections and PREA (2 hour course)

The Site Coordinator states, "We have volunteers that receive PREA training prior to entering the facility and they receive yearly PREA information. These individuals are not escorted inside our facilities. Contractors are considered businesses and their employees who are contracted with/by the department to perform services such as construction work, repair work, etc. These individuals are escorted by staff at all times and do not receive PREA training. However, PREA is included within their contract with the department. Work Release Contractors receive PREA education prior to working with our offenders and yearly thereafter. Community Reentry Partners do not receive PREA education and are escorted by staff at all times."

While interviewing contract staff, they reported they not only received PREA training from the facility, they also received PREA training from Corizon..

115.32(c) Staff Development at WMCC reported, "After the VIC is interviewed and the Warden has approved them, I send them to the Volunteer in Corrections Basic Training class held at WRTC in St. Joseph Missouri. PREA is part of the curriculum and Melissa Green who is the secretary at WRTC will mail the PREA Basic Training Acknowledgement Form to me, to put in the VIC'S File. The VIC are trained on PREA every year after the basic PREA class is taken. VIC either take the Volunteer in Corrections Basic Training class every year for their PREA Training or they can attend our Volunteer Recognition Banquet in March and we have WRTC Training Staff train them on PREA there. We have the VIC'S sign and date the PREA Annual Training Acknowledgement Form and it is put in the VIC'S File. All VIC are trained on PREA on a Yearly Basis by trained staff at WRTC."

WMCC reports that in the past 12 months 124 volunteer and contractors have received PREA training.

Standard 115.33 Inmate education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC provides information to inmates at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and harassment.

115.33(a) Memo from Director of Division of Adult Institutions, dated 4/11/2012 to all Wardens discussed PREA – Offender Education. This memo stated that “Speaking Up” video must be shown during formal orientation at all Reception and Diagnostic Facilities and again when they arrive at mainline facilities. They must also receive the PREA brochure “Offenders Sexual Abuse: What you need to know.”

Auditor toured the intake area was taken through the intake process. Intake staff stated that PREA information is provided to all offenders on the day they arrive at even though they have up to 72 hours. They do not leave intake without watching the PREA video. They are also given a brochure at this time.

When talking with inmates at WMCC, all stated they watched the PREA video and received PREA information upon arrival.

In the past 12 months, 1,794 inmates received PREA information during intake.

115.33(b) The Site Coordinator reports, “Offenders receive PREA education upon intake. Offenders sign an acknowledgment form for the PREA brochure. They also receive a copy of the Receiving and Orientation pamphlet, which also contains PREA information. On Wednesdays, all new offenders meet in the Chapel and watch a 16-minute PREA education video called “PREA WHAT YOU NEED TO KNOW”. We also show a PREA slide show on the information channel via closed circuit television. There are six slides pertaining to PREA shown continuously 24 hours a day, 7 days a week.”

In the past 12 months, 1,622 inmates (whose length of stay in the facility was for 30 days or more) received PREA education. This was done in the form of the educational videos and brochures. In addition, information posters were found throughout the facility.

Auditor reviewed random sign-in sheets signed by offenders that watched the PREA Video while in intake.

Auditor reviewed an email dated November 17, 2016 from WMCC’s Assistant Warden to all Classification Staff. It reads, “If an offender is going to the Administrative Segregation Unit upon arrival to WMCC, they will review the PREA video in D-cell in R&O. The offenders that arrive at WMCC and go directly to general population will review the PREA video in the Chapel during orientation. If for example an offender gets unruly in R&O and does not review the video before being placed on Temporary Administrative Segregation Confinement, will review the video on the Case Managers computer in the ADSEG unit. If this does occur it is the R&O staff’s responsibility to notify CCA France who will schedule with One house staff to get this task completed.”

115.33(c) Auditor reviewed an email sent out to all Site Coordinators from the Statewide PREA Coordinator on August 12, 2013. This email contained the following directive: “Don’t forget that sometime between August 8 and August 13, every offender in your facility must receive a PREA brochure and sign the acknowledgement form. I have attached the memo that you received during the meeting that will outline how to order additional brochures or acknowledgment form. Also...we learned during the DAI meeting that everything can be purchased with canteen funds.”

115.33(d)(f) Policy D1-8.13 Offender Sexual Abuse and Harassment Section III (C) 6, page 12, discusses Offender Education must be

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provided in the native language of the inmate and in formats that deaf, visually impaired or otherwise, can understand. It also states, "Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If the documents are unable to be translated in the offender's native language the department's PREA site coordinator or designee shall work with additional staff to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through the PREA posters, the offender rulebook and the offender brochure on sexual abuse and harassment in accordance with the institutional services procedure regarding diagnostic center reception and orientation."

WMCC provided examples of PREA brochures, posters and acknowledgement forms in the following languages: English, Japanese, Servo Croatian, Spanish, Vietnamese, Russian, Simplified Chinese and Traditional Chinese. Brochures are also available in large print and braille. There are also written transcripts of the video "Speaking Up for Female Offenders" in English and in Spanish.

Throughout the tour the audit team viewed PREA informational posters in all living units and other areas inmates gathered. These posters were in English and Spanish.

Auditor reviewed the WMCC Receiving and Orientation Admissions Packet, revised November 1, 2016. This packet contained information PREA and Grievances Policy. These both are found on page 16 of this packet.

WMCC also had posters/brochures with information on how" friends, family or anyone outside of the facility may report on behalf of the offender..."

115.33(e) Auditor reviewed a log from January 2016 showing inmates who transferred into WMCC received PREA education. Twenty-three offenders were listed on this log and the log contained inmate signatures. Auditor also reviewed sample logs from January 27, 2016, February 3, 2016, December 30, 2015 and September 6, 2016. These logs were of inmates that came through intake at WMCC.

Standard 115.34 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC requires training of investigators to in conducting sexual abuse investigations in confinement settings. Agency maintains documentation of such training.

115.34(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (5), page 8, states, "All new investigators and administrative inquiry officers (AIOs) or designee assigned to investigate sexual abuse allegations shall receive specialized PREA Training by the designated inspector general's office staff members."

115.34(b) Auditor reviewed the curriculum "Investigating Offender Sexual Abuse in Confinement Settings," 36 hour course designed for Inspector General staff members and Investigators. This curriculum was last revised September 24, 2012 and covered the following topics:

- Techniques for interviewing sexual abuse victims (Module 4 "Investigating Allegations of Sexual Abuse," pages 12 – 16)
- Proper use of Miranda and Garrity (Module 2 "State Laws and Policies" pages 22 – 26)
- Criteria and evidence required to substantiate a case for administrative or prosecution referral (Module 4 "Investigating Allegations of Sexual Abuse" page 8 -11 and pages 18 -30)

This training curriculum also included a module titles "Mock Crime Scene Investigations" wherein participants took what they learned in PREA Audit Report

previous modules and applied it a practice setting.

115.34(c) The auditor reviewed training logs from January 2013 through September 2014 and found that 56 investigators had been trained statewide. The Investigators also signed acknowledgments stating they received and understood this training. This training roster included the investigators assigned to WMCC.

Standard 115.35 Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC has a policy related to training of medical and mental health practitioners who work regularly on its grounds. WMCC has access to SANE examiners through Corizon. As of August 13, 2016 Corizon has 40 nurses across the state of Missouri who are state certified sexual assault nurse examiners.

115.35(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) page 9, states, "Medical and mental health staff members shall receive annual specialized PREA training."

Auditor reviewed curriculum "PREA Specialized Medical/Mental Health Professionals" dated May 2015. This course is worth two hours and covers the following topics (NOTE:: This curriculum has been revised and reduced from four to two hours since all Corizon staff take WMCC's annual PREA refresher training):

- Victim Centered Approach
- What is your role in PREA
- Preserving Forensic Evidence
- Medical and Mental Health Documentation Do's and Don'ts
- After care an ongoing treatment related to PREA events

115.35(b) N/A The medical staff at the facility to not conduct forensic exams.

115.35(c)(d) Auditor reviewed random training acknowledgements of six medical and mental health employees received a PREA refresher in 2015. Also reviewed training logs and additional acknowledgements from 2013 and 2014.

Corizon staff who were interviewed were able to explain their role in WMCC's coordinated response.

Standard 115.41 Screening for risk of victimization and abusiveness

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC has a policy that addresses risk assessment screening upon admission to their facility as well as addresses reassessment requirements.

115.41(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C), pages 10 -11, states "Facilities shall assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure...Offenders shall be assessed within 72 hours of arrival. Offenders shall be reassessed within 30 days of arrival."

The time frame for administering the Internal Risk Assessment is also found in IS & SOP version of 5-2.3, Offender Internal Classification. On page 3, Section C (1), states, "Once an offender is received at the reception and diagnostic center, staff members will have seventy-two hours to complete an internal classification. In this same policy on page 4 in Section D (2) states, "CCM's will conduct a new internal classification within 72 hours at that facility and the offender will be housed in accordance with their new internal classification score."

Intake staff advised that the risk assessment tool is given to all arrivals within 72 hours, unless they sign the refuse to participate form.

Auditor reviewed nine random inmate files and all met the 72 hours timeframe for receiving risk assessment upon admission to WMCC.

Intake staff also report that these inmates are always reassessed at the 30-day mark to see if any changes have occurred. (Auditor did reviewed an example of "Refusal to Participate" form that inmates can sign if the refuse to participate in the risk assessment. Inmates are also told that no sanctions will be given for refusal to participate.)

Inmates that were interviewed states they remembered being asked a "bunch of questions" at when they were at intake. While they could not remember the exact questions, they remembered being asked about sexual abuse and sexual identification.

There were 1622 inmates entering within the past 12 months were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. This auditor reviewed the tracking form used to track the inmates date admitted to WMCC, the date of the 72 hour assessment, 30 day review and the date the 30 day review was completed. All assessments were completed in a timely manner and according to standards.

115.41(c)(d)(e) Auditor reviewed 's risk screening tool and found all 10 elements in this standard were covered. Auditor also reviewed 9 random assessments from February 2016 – November 2016 that were completed within 72 hours of intake and another random sample of 30 day reassessments from December 2015 to June 2016. This tool has been adopted by MDOC and is used in all of their state operated facilities.

Auditor also reviewed the "The Adult Internal Risk Assessment Manual" which contained relevant information on how to complete the internal risk assessment. For example, this manual contained information found in agency policy for example information on reassessment requirements can be found on page 8 and on page 9 a user can find information on how to interview an offender to obtain the information necessary to accurately completing the assessment. The manual was well laid out, provided explicit instructions on how to score the assessment and included screen prints on how to enter the assessment into the facility's database.

All offenders are assigned one of the three following scores:

- Alpha – high potential for sexual perpetration
- Kappa – not a high risk for either sexual victimization or perpetration
- Sigma – high risk for sexual victimization

During the interview with a staff member who performs screening for risk of victimization and abusiveness, they reported the screening tool takes into account medical issues, disability, have they been a victim, have they been in prison/jail before, their age, weight, and type of offenses they have committed. They stated this assessment is done when they arrive at intake.

115.41(f)(g) Policy IS5-2.3, Offender Internal Classification, reads, "CCM's will complete a second internal classification within 30 calendar days of the offender's arrival to the facility..."

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (C)(1), pages 10, states "The offenders risk level shall be reassessed

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when warranted due to referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offenders risk of sexual victimization or abusiveness.”

Also on page 4 of this same policy in Section D (3) it states, “A second internal classification will be completed within thirty calendar days of the offender’s arrival at the reception and diagnostic center, if they have not been transferred. If there is a change in the offender's internal classification score a case manager will review the offender's housing assignment to determine if a change in bed assignment is required. If an assignment change is required, this must be made on the same day the internal classification is completed. Any time an offender is returned to a diagnostic center this process will be repeated.”

Auditor also reviewed five event driven reassessments from December 2015 – May 2016.

115.41(h) Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, “...The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment.”

The Adult Internal Risk Assessment Manual also states, “...The Case Manager should attempt to complete the assessment to the best of their abilities. The Case Manger should note in sections requiring offender response “refused to participate” and answer no to those questions. Offenders cannot be disciplined for refusing to answer questions...”

115.41(i) On pages 4 and 5 of Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, outlines how the internal classification scores will be documented. In Section (F) it states, “(1) Upon completion of the internal classification process, a printout of the results will be placed in the offender's classification file in accordance with institutional services procedures regarding classification files and will be maintained in accordance with the departmental procedure regarding record retention. (2) CCMs will enter the offender's internal classification score into the department computer system along with the date of internal classification and their employee identification number in accordance with the internal classification manual.”

The Adult Internal Risk Assessment Manual also states, “Click on Assessment Listing (Do not print the final formed version of the assessment). Find the assessment in the Assessment Listing screen for the offender. Click on the file folder icon in the assessment line. This will bring up another window with the assessment summary. Click on the printer icon at the top of the assessment.

The Site Coordinator reported only case managers have access to the information found on the risk assessment. She reported that line staff do not have access to this information. Intake staff also reported that there is limited access to the information obtained. They also stated that this is in policy.

Standard 115.42 Use of screening information

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC uses the information from the risk screening required by 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Each determination is based on the individual. WMCC (MDOC) has three classifications: Sigma (high risk for sexual victimization), Alpha (high potential for sexual perpetration) and Kappa (not a high risk for either sexual victimization or perpetration).

Housing and program assignments for transgender or intersex inmates in the facility are made on a case by case basis.

WMCC has policy in place that outlines the make-up and actions of a transgender committee. This committee consists of administrative staff, medical/mental health professionals, and the inmate to discuss the needs, housing, shower, and safety issues of the individual. **In the past twelve months, transgendered inmates have been assigned to WMCC.**

115.42(a)(b) Policy IS5-2.3 Offender Internal Classification, Section III (C) Diagnostic Centers, page 1, states “The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines.” On page 2 of this same policy reads, “Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities.

In this same policy on page 3, housing based internal classification is addressed. It states, “Upon completion of the internal classification, the offender will be housed according to his score in accordance to the internal classification manual. Whenever possible, sigmas should be celled with sigmas and alphas with alphas. If an offender does not have an internal classification score he should be housed with a kappa with similar demographics until the offender internal classification instrument is completed.”

IS & SOP 18-1.1, Required Activities, page 5, Section III (B) (4), states, “Housing unit staff members will utilize the internal classification information to designate required activities assignments for the purpose of keeping separate and/or ensuring the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working or attending programming together in accordance with institutional services procedures regarding offender internal classification. Housing unit staff members will review internal classification information and forward it to the required activities’ supervisor prior to the offender’s start date at the required activity.”

On page 6 of this same policy, states, “The Required Activities Coordinator will notify the work supervisor of the offender’s internal classification information. The work supervisor is responsible for knowing the internal classification of their workers and assign tasks in such a manner to ensure the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working. Internal classification information shall not be used by any staff member to preclude placement of an offender in a required activity.”

SOP D1-8.13 Offender Sexual Abuse and Harassment, page 12, “All housing, cell, bed, education, and programming assignments for transgender or intersex offenders shall be made in accordance with the institutional services procedures regarding offender housing assignments and programming assignments.”

Auditor reviewed a memo dated November 16, 2016 from the Site Coordinator to all staff, it reads, “Offenders attending programs, such as Alcoholics and Narcotics Anonymous, that need to utilize the restroom, will inform the Educational custody officer. Only one offender is allowed to utilize the restroom, which is located in the main entrance hallway of Education. Only one offender at a time, and if there is more than one offender they are to wait in the educational hallway next to the custody officers office.”

Auditor also reviewed another memo dated September 26, 2016 from a Functional Unit Manger to the Site Coordinator. It reads, “The AIC’s Location Summary is a report that is ran each week from the AS400 program. This report indicates where Alpha, Kappa, and Sigma Offenders are assigned. There are several wings at WMCC that houses Sigma offenders. Those wings are C and D of Housing Unit 10 and B and C from Housing Unit 3. There are special programming wings that have Sigmas and Alphas in the same wing: However, they are not assigned to the same cell. These programs include Puppies for Parole Program, located in B Wing of Housing Unit 8, Therapeutic Care Unit on B Wing of Housing Unit 3, Work Release located on B Wing of Housing Unit 4, and the Therapeutic Community Program located on Housing Unit 2 in C and D Wings. All other wings with the exception of special programming wings, do not have sigma offenders assigned them. I run this report each week to ensure that offender are appropriately assigned.”

115.42(c)(d)(e)(f)(g) Policy IS & SOP 5-3.1, Offender Housing Assignments, also outlines the Transgender Committee. The policy reads, “Each institution shall convene a transgender committee to determine and review an offender’s classification on a case by case basis. A transgender or intersex offender’s own views with respect to his or her safety shall be given serious consideration. The transgendered committee should meet and have a written recommendation completed within 10 working days of the offender’s arrival at the facility. The recommendation should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the prison rape elimination act (PREA) coordinator for review and approval. A response should be made back to the transgender committee within 10 working days. The transgender committee’s approved written decision shall be maintained in the offender’s classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee will review the housing assignments every six months following the initial determination. Reassessments can be done more frequently as needed on a case by case basis. Transgender or intersex offenders shall be given the opportunity to shower separately from other offenders as outlined by SOP.”

SOP D1-8.13, Offender Sexual Abuse and Harassment, page 11, states “Housing assignment for transgender and intersex offenders shall be made on a case-by-case basis by the institutional transgender/intersex committee or designee of the community confinement facilities to ensure the health and safety of the offender in accordance with the institutional services procedure regarding offender housing assignments and the probation and parole procedure regarding risk assessment and housing assignments.”

IS & SOP 5-3.1 Offender Housing Assignments, pages 4 -5 addresses Transgender Housing Assignments. It also states, “The transgender committee is responsible for determining a permanent housing assignment for each transgender or intersex offender, and prior to this assignment shall meeting with each offender to determine his vulnerability within the general population and length of time living as the acquired gender. Transgender and intersex housing assignments shall not be made based solely on genitalia by must consider the offender’s health and safety and the security of the facility through a review of the respective classification, medical and mental health records.”

A copy of the template the Transgender Committee would use to determine housing was also reviewed by the auditor.

The Site Coordinator reported that WMCC does not have a designated wing to house transgender or intersex inmates.

Auditor reviewed minutes from five transgender committee meetings held in 2016. This included four initial meetings and one follow-up meeting.

Standard 115.43 Protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC has policy that prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. In the past 12 months, there has been no inmate placed in involuntary segregation.

115.43(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, (F) Segregated Housing in Institutional Setting, pages 17 -18 states “Following an allegation of offender sexual abuse or if an offender is assessed at being high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include:

- (1) Return to assigned housing.
- (2) Temporary reassignment of staff members.
- (3) Assignment to another housing unit.
- (4) Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim).

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. Offenders who are victims and/or perpetrators in an alleged PREA event will be kept out of sight and sound from each other and be placed in separate wings. If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender’s safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody.”

Policy IS21-1.1 “Temporary Administrative Segregation Confinement” states, “Offenders may be placed in temporary administrative segregation confinement upon recommendation by any staff member and approved by the shift commander when an offender is an immediate security risk....there is an urgent need to separate the offender from others for his/her safety or that of others...”

The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours is zero.

On the day of the audit there were no inmates being held in segregation based on high risk for victimization. The auditor did review three PREA allegation notifications that have been completed in the past 12 months. In looking at the housing placement recommendations, all indicated that alleged victim would remain in the original housing units. Only alleged perpetrators were removed.

Staff reported that the typical response is not to segregate the victim. They stated if involuntary segregation would be used to protect a victim, they would follow agency policy. They reported it is not to be longer than 48 hours and they do their best to make sure programming would continue. Staff reported that everything is documented and becomes a part of the classification hearing that is held.

Staff that works in the segregation unit stated victims that request segregation are there less than 30 days unless they (the victim) request a longer stay.

Random interviews of inmates revealed a common theme. All stated they would not report being a victim of sexual abuse because they would “immediately go to the hole.” They reported they have seen it happen multiple times.

RECOMMENDATION: The auditor spoke to administration about the perception the inmates have of being placed “in the hole” when they report sexual abuse or harassment. After much discussion, it is believed that inmates are in fact seeing the coordinate response and the victims are being separated out for interviews and trips to medical and/or mental health. It is recommended that Functional Unit Managers and Corrections Case Managers talk with the inmates in their living units and stress that victims are not punished for reporting sexual abuse and harassment

The auditor could not find documentation to support this claim. The auditor randomly selected another five PREA notification files from the Site Coordinator. Upon review of these files, there were no instances where the victim was involuntarily placed in segregation. All housing documentation indicated that victim remained in their housing unit.

115.43(b) WMCC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

115.43(c) WMCC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

115.43(d) WMCC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

115.43(e) WMCC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

NOTE: Auditor reviewed MDOC’s Segregated Housing for Protective Custody which outlines an assessment of all alternative housing choices (least restrictive housing) must be conducted prior to placing a victim in segregated housing for protection and that victims of sexual abuse ordinarily not be held in segregated housing for longer than 30 days.

Standard 115.51 Inmate reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC has established multiple procedures for allowing inmates internal ways to report sexual abuse or sexual harassment privately to the facility or to an outside entity. Inmates may report via an informal resolution request, to a staff member, PREA hotline, advocacy agency, or to the Department of Public Safety, Crimes Victims Services Unit. Third party reports are also accepted by WMCC.

As of the date of this audit, WMCC does not have any offenders detained solely for civil immigration purposes.

115.51(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, "Reporting Sexual Abuse or Harassment," pages 14 states, "Each facility CAO's or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff neglect, and violation or responsibilities that may contributed to an incident of offender sexual abuse , to include but not be limited to: informal resolution request (IRR), grievance process, or offender complaint, to a staff member, PREA hotline, advocacy agency, and Department of Public Safety, Crimes Victims Services Unit. All allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure."

Auditor reviewed the offender brochure on "Offender Sexual Abuse and Harassment" which is given out at intake. This brochure outlines the ways inmates can make reports of sexual abuse and sexual harassment. It reads, "Report the abuse to any staff member either verbally or in writing as soon as possible, whether the alleged incidence involved you or not. Call the department's confidential PREA hotline. You can do so at any offender phone by listening to the prompts and pressing "8" or dialing (573) 526-PREA (7732). Write to the Missouri Department of Public Safety, Crime Victims Services Unit, P.O. Box 749, Jefferson City, MO 65102. If you are assigned to a community release center or community supervision center, you may report sexual abuse using the above guidelines or call the PREA hotlines at (855) 773-6391.

Staff was able to articulate the various ways inmates can report sexual abuse and sexual harassment. They stated that all reports are taken seriously. They also advised that they could also call the PREA hotline and make a report. They advised this information was in their employee handbook.

Inmates interviewed were also able to articulate the various ways they could make a report including calling the hotline, telling staff and/or family members. Although they were aware of the PREA hotline, many felt that it was not anonymous. They also reported they felt most staff took reports seriously and they felt safe at WMCC.

Information on reporting was posted on bulletin boards throughout the facility and in the housing units advising inmates on how to make reports of sexual abuse. The PREA hotline number was clearly posted above all phones.

115.51(b) Auditor reviewed the MOU with the Missouri Department of Public Safety. Missouri Department of Public Safety's responsibilities include initiating a SharePoint application that can be shared by DPS and DOC. The DPS shall receive written correspondence of allegations of offender sexual abuse and harassment. All written correspondence received by the DPS shall be assigned a tracking number. The DPS shall record in the SharePoint application the date of the written correspondence is received, the name of the institution, the name of the victim if known and the date the letter is forwarded to the DOC. The DOC shall record in the SharePoint application the date offender letter is received and any action taken. This MOU is ongoing from the date of the final signature until such time as it is deemed unnecessary by either party. The MOU was signed July 25, 2013.

115.51(c) SOPD1-8.13, Offender Sexual Abuse and Harassment, page 14, states, "All allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure."

Auditor reviewed five PREA Notifications made by an anonymous reports and third party reports. WMCC initiated their coordinate response promptly according to their policy and PREA national standards.

115.51(d) Policy SOP D1-8.13 "Offender Sexual Abuse and Harassment" reads, "Staff members may anonymously report allegations of offender sexual abuse, harassment, or retaliation utilizing the staff tips hotline. The staff tips hotline phone number is located on the MDOC intranet home page and on posters in various common staff areas throughout the institution.

Staff Tips Hotline posters are throughout the facility and are located in staff break rooms and on the MDOC intranet home.

Standard 115.52 Exhaustion of administrative remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC has an administrative procedure for dealing with inmates grievances regarding sexual abuse. This procedure also allows them to submit a grievance at any time regardless when the incident occurred. If their grievance is against a staff member they are not required to submit their grievance through that staff member. WMCC also outlines, through policy, where grievance cannot be filed.

WMCC also requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 70 days of the filing of the grievance. According the pre-audit questionnaire, the agency reported that in the past twelve months, one grievance has been filed. This grievance was handled in a timely manner and the was determined to be unfounded by investigators.

115.52(a)(b)(c) Policy D5-3.2 Offender Grievance, pages 17-19 addresses PREA Informal Resolution Request, Grievance and Appeal. The following are portions of this policy that supports this standard:

Time limit

- “The department shall not impose a time limit on when an offender may submit a complaint regarding an allegation of offenders’ sexual abuse.”

Informal Process

- “The department will not require an offender to use the informal grievances process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse.”
- “Informal resolution request alleging sexual abuse will be processed normally with the exception of the following: A response should be completed as soon as practical, but no later than 30 calendar days of receipt.”

Against a Staff Member

- “A staff member who is subject of the complaint should not be the respondent.”

Grievance Process

- “Offender grievances alleging sexual abuse will be processed normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt, and, computation of the 30 day time period will not include the days between the offender’s receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee.”
- “Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt, and, computation of the 30 day time period will not include the days between the offender’s receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee, and, an extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided.
- “At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of

the offender grievance process”

Third Party Reporting:

- “Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution.”
- “When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing.”
- “Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry.”
- “When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry.”
- “The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf.”
- “If the offender declines to have the request process on his behalf, the case manager shall document the offender’s decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes.”
- “If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure.”

Emergency Informal Resolution Requests

- “Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry.”
- “If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form.”
- “Emergency informal resolution requests will be processed as follows:
 - The offender will request an informal resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure.
 - When a staff member receives the completed informal resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately.
 - Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site coordinator to make the determination if the informal resolution request should be handled as an emergency.
 - The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response.
 - A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form.
 - The initial and final response for the informal resolution request shall document the department’s determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request.
 - If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure.”

Policy D1-8.13 Offender Sexual Abuse and Harassment, Page 13 - 14, states “The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse...nor impose a time limit”

SOPDI-8.13 Offender Sexual Abuse and Harassment, page 14, addresses exhausting administrative remedies. It states, “The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit on when an offender may submit a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, administrative inquiries, and investigation unit responsibilities and actions. The department shall ensure that an offender who alleges sexual abuse may submit a complaint to a staff member who is not the subject of the complaint and the grievance or complaint is not referred to a staff member who is the subject of the complaint. Staff members are to address grievances or complaints for allegations of sexual abuse and harassment in accordance with the department procedure regarding offender grievance, administrative inquiries, and investigation unit

responsibilities and actions.”

Policy D5-3.2 Offender Grievance, page 6, Section III, (E)(2b)(1) states, “Upon approval of the division director or designee, a conduct violation may be issued for threats. This conduct violation will not be viewed as retaliation reprisal.” Also on page 6, Section III (E)(4a)(1) it states, “When there is evidence to support an unfounded allegation, the CAO or designee will issue a conduct violation and the CAO or designee will issue a letter of limited filing status.”

Auditor reviewed the WMCC Receiving and Orientation Admissions Packet. The section “PREA Incidences and Grievance Procedures” reads, “PREA Emergency IRR, PREA IRR, PREA Grievances, and PREA Grievance Appeals have no time limits imposed on when an offender may submit a complaint regarding an allegation of offender sexual abuse. Third parties, including fellow offenders, staff members, family members, attorney, and outside advocates shall be permitted to assist offenders in filing PREA IRR’s, grievances, and grievance appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution. If an offender has a PREA IRR alleging sexual abuse by a staff member, the offender does not have to submit the PREA IRR to the staff member they have alleged to be the perpetrator. **You are encouraged to review Departmental Policy D5-3.2, Offender Grievance in its entirety in the institutional library or in the green offender rule book you have been provided.**”

115.52(d) Auditor reviewed WMCC’s Grievance PREA Tracking Log with dates from January 2014 – September 2016. At this time, WMCC has not had any grievances where a final decision was not reached within 90 days.

Auditor also reviewed four investigations that were initiated by a grievance. PREA protocols were initiated with all investigations reviewed.

115.52(e) WMCC reports they have had no third party grievances filed within the past year.

115.52(f) WMCC reports they have had no emergency grievances filed pursuant to this standard.

Standard 115.53 Inmate access to outside confidential support services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC provides inmates with outside access to victim advocates for emotional support services related to sexual abuse by providing mailing addresses to Just Detention International (JDI) and Rape, Abuse and Incest National Network (RAINN). They also inform inmates prior to given them access to outside supports, the extent to which such communications will be monitored. WMCC was unable to enter a MOU with a local community provider. However, an MOU with YWCA- St. Joseph was established..

115.53(a)(b) SOP version D1-8.13 Offender Sexual Abuse and Harassment, it reads, “WMCC will utilize YWCA – St. Joseph for SAFE/SANE out counts to Mosaic Life Care only. The Institutional Chaplain is the Site Advocacy Liaison and will serve as the victim services advocate when the YWCA is unavailable for onsite victim advocate needs....All staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. All services provided by staff victim advocates to offender victims shall be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee shall serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee shall ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety shall receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous, to the office of the inspector general. Offenders shall have reasonable access upon their request to the ongoing services of a victim advocate to include: Communication by mail or special visits in as confidential

manner as possible to maintain safety and security of the institution. Being informed prior to being given access to a victim advocate, the extent to which communications shall be monitored and the extent to which reports of abuse shall be forwarded to authorities in accordance with mandatory reporting laws.

Outside victim advocates shall be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits shall be arranged through the PREA site coordinator or designee. Facilities shall make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations. *****SOP: Offenders are provided the following addresses for communication to national sexual abuse agencies. These mailings from offenders will be in compliance with policy regarding offender mail procedures and treated as legal mail.**

**Just Detention International
(RAINN)
3325 Wilshire Blvd., Suite 340
Los Angeles, CA 90010**

**Rape, Abuse and Incest National Network
1220 L Street NW, Suite 505
Washington, DC 20005**

The facility shall enable reasonable communication between offender victims and these organizations. A list of the above shall be maintained in the library and/or other common areas of every facility.

Auditor reviewed WMCC Receiving and Orientation Admissions Packet. This packet contained information on what and advocate it, what they do not do, and how to reach or request one.

Auditor reviewed a memo dated September 14, 2016 for the Site Coordinator to all staff, regarding Offender Anonymous Reporting in Segregation Housing and Offender Advocacy Requests,” it read, , “When offenders are initially assigned to segregation housing they are provided a copy of the PREA segregation flyer advising the offenders that they there is a confidential method to report PREA incidents and requesting advocacy. The Case Manager in the Administrative Segregation unit will make regular rounds and will accept any letter to the Missouri Department of Public Safety and any letter addressed to the Just Detention International or RAINN for advocacy. These correspondences will be hand delivered to the Mailroom by classification staff for inclusion in outgoing mail. There should not be any attempt to identify which offender wrote the correspondence.”

Inmates in WMCC’s Administrative Segregation can contact JDI, RAINN as well as Missouri Department of Public Safety. They are given the addresses and are instructed they do not have to place their return address on the envelope.

It should also be noted that the advocacy posters also state, “Be aware: Per department policy, mail will be subject to examination and phone call may be monitored.”

Interviews with inmates resulted in mixed responses in when it came to the discussing availability of advocates. Most stated they knew they were available but was unsure how to access them if needed.

RECOMMENDATION: Have the Case Managers re-educate inmates when they meet with them; just as staff need PREA refreshers so do inmates. Have them do a brief PREA refresher that covers reporting and advocacy availability.

115.53(c) WMCC currently does not have a local Advocate Agency that can provide emotional support services. An email dated November 1, 2016 advises that , “Green Hills Women’s Shelter currently will not be able to partner with DOC regarding PREA.” WMCC was able to enter into a MOU with YWCA – St. Joseph, MO for advocate services. If an advocate is not available, WMCC uses the facility Chaplain to act as a qualified staff member.

Standard 115.54 Third-party reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

WMCC provides a method to receive third party reports of inmate sexual abuse or sexual harassment. Family members can make report via information found on MDOC website. They can either email or make a phone call.

115.54(a) Policy SOPD1-8.13 Offender Sexual Abuse and Harassment, Section III (D)(2), page 14 states, “All allegation including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlines in this procedure.”

Auditor verified that reporting information is on the MDOC website. The URL is <http://doc.mo.doc/OD/PREA.php>. This site has an email address and a phone number available to the public.

Standard 115.61 Staff and agency reporting duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC requires all staff to report immediately any knowledge or suspicion of any incident of sexual abuse or sexual harassment. This is also in their policy.

115.61(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, page 7, “The CAO or designee shall control the dissemination of sensitive information related to offender sexual abuse to ensure the offender is not exploited by staff members or other offenders. Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members shall inform offenders of the practitioner’s duty to report at the initiation of services. Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions.”

Policy D2-11.10, Staff Member Conduct, not only states that staff members must obey all laws but on page 7, Section III, (D1&2) states, “Staff members having knowledge of any instances of offender or resident abuse or sexual contact with an offender or resident shall immediately report such to the inspector general in accordance with the department procedures regarding offender physical abuse and offender sexual abuse and harassment. Staff members must immediately report any misconduct through the appropriate chain of command. If there is reason to believe that any staff member in the chain of command may be involved in the alleged misconduct, the staff member should report the matter to the next higher level of management in the department.

WMCC requires all staff to report immediately any knowledge or suspicion of any incident of sexual abuse or sexual harassment. This is also in their policy.

Staff members interviewed reported they have a duty to report. They also reported are just as liable for failing to report sexual abuse and sexual harassment as they would be for failing to report any crime.

115.61(c) Policy D1-8.13 Offender Sexual Abuse and Harassment reads, “Medical and mental health staff members shall inform offenders of the practitioner’s duty to report at the initiation of services.”

Auditor reviewed two PREA notification made by a mental health professional. PREA protocol was followed per agency policy.

115.61(d) Policy IS11-32 Receiving Screening Intake Unit, page 5 addresses procedure if the alleged victim is under the age 18 or

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considered to be a vulnerable adult. The policy states, “Health services staff members shall obtain informed consent from offenders in accordance with institutional services regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. If the offender is under the age of 18, a health service staff member shall report the allegation to the designated local Children’s Division, Department of Social Services under applicable mandatory reporting laws.”

Auditor also reviewed Missouri Revised Statutes, Chapter 217, Department of Corrections, Section 217.410. 1 which states, “When any employee of the department has reasonable cause to believe that an offender in a correctional center operated or funded by the department has been abused, he shall immediately report it in writing to the director.”

Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.005.1, defines a vulnerable person as “any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program.”

Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.163.1, defines mandatory reporting requirements as “Any person having reasonable cause to suspect that a vulnerable person presents a likelihood of suffering serious physical harm or is the victim of abuse or neglect shall report such information to the department. Reports of vulnerable person abuse received by the departments of health and senior services and social services shall be forwarded to the department.”

115.61(e) SOPD1-8.13, Offender Sexual Abuse and Harassment,” pages 16 and 17 states, “All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. The coordinated response will be completed and distributed as outlined in the Coordinated Response Completion Guide (SOP Reference E) as well as the Coordinated Response to Offender Sexual Abuse (Institutions) protocol (SOP Reference F). Offender/staff interpreters for non-English speaking victims/perpetrators can only be utilized in an exigent circumstance when the event is first reported until and outside interpreter can be arranged.”

WMCC also provided a copy of their PREA Coordinated Response to Offender Sexual Abuse.

Standard 115.62 Agency protection duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC acts immediately if they learn that an inmate is subject to a substantial risk of imminent sexual abuse. In the past twelve months there have been no inmates that have been reported to be subject to substantial risk of imminent sexual abuse.

115.62(a) SOPD1-8.13, Offender Sexual Abuse and Harassment, page 18, under Segregated Housing in Institutional Setting states, “If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender’s safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units.”

Administrative staff stated that the expectation for all staff is to act immediately if they become aware of an offender being in imminent danger of sexual abuse. This involves beginning the facility’s coordinate response and separate the victim from the alleged perpetrator.

Random staff reported that if such an incident would occur they would immediately secure the alleged victim for safety purposes and contact their supervisor.

WMCC reports there have been no incidents in the past 12 months where the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

Standard 115.63 Reporting to other confinement facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility that the Warden must notify the head of the facility where the sexual abuse is alleged to have occurred. Notification is to be made as soon as possible but no later than 72 hours after receiving the allegation.

They also have a policy that states that allegations received from other facilities are investigated in accordance with PREA standards.

116.63(a)(b)(c)(d) SOPD1-8.13 Offender Sexual Abuse and Harassment, page 17 states, "Upon receiving information that an offender has been sexually abused while assigned at another facility the coordinated response for offender sexual abuse will be immediately initiated as outlined in this procedure. If the alleged abuse occurred at a facility outside the Missouri Department of Corrections, the notification checklist will be forwarded to the department's PREA coordinator. The PREA coordinator will ensure notification to the facility is made within 72 hours. A coordinated response will be initiated as outlined in this procedure for all allegations of offender sexual abuse that are received from facilities outside the Missouri Department of Corrections."

WMCC reported that in the last twelve months they have received three reports from incoming or current inmates that abuse occurred at another facility. Auditor review three examples of such reports and subsequent notifications.

WMCC stated, "In the event that a report is received that an offender was sexually abused or harassed while housed at another facility, the issue is referred to the shift supervisor who will immediately assess the offender's need for protective custody. The shift supervisor will complete the PREA notification checklist. In addition, the PREA Site Coordinator appropriate Staff Members at the facility in which the abuse took place, will be notified immediately via electronically."

WMCC reported that in the last twelve months, they have received one report from another agency regarding sexual abuse reported to have happened at their facility and the Site Coordinator was notified within 48 hours and a PREA Checklist was initiated.

Interview with facility administration revealed that any notification WMCC receives is sent to the site coordinator when then sends information to the Inspector General. Administration advises that the Inspector General will make the determination if an investigation will be opened.

Standard 115.64 Staff first responder duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC has a Coordinator Response in policy that outlines the duties of a first responder. This coordinated response has all four components listed in this standard. reported they had 48 allegations reported where security staff members responded to reported allegations where they victim and perpetrator had to be separated and evidence was collected. They also advised they had zero allegations reported where a non-security staff was the first responder and secured potential evidence on the victim.

115.64(a) Auditor reviewed WMCC's Coordinated Response that is a part of policy D1-8.13 Offender Sexual Abuse and Harassment located on page 17. This part of the policy states, "Staff member first responder shall:

- Ensure the safety of the victim.
- Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable.
- Make immediate notification to the shift commander or shift supervisor.
 - In the event of an allegation of a penetration act, the shift commander or shift supervisor shall make telephone notifications and respond as outlined in the divisions' coordinated response to offender sexual abuse protocol.
 - In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol.
- Shift supervisors will copy the email notification with the PREA checklist attachment to necessary WRDCC mental health staff. Shift supervisors will complete and forward (via email and hard copy) the Referral and Screening Note-Health Services form to the mental health staff."

Auditor reviewed the lesson plan for PREA Basic Training, pages 21 –23 covers first responder responsibilities. It breaks down the First Responder responsibilities by type of event. The three events covered include: allegation of penetration that has happened within 72 hours, all other penetrations and allegations of non-penetration events.

Auditor reviewed 30 documented examples of a coordinated response. This included reviewing notifications made by security staff. Each notification included date and time of incident, location of incident, name and custody information of victim as well as the alleged perpetrator. Notifications also included a description of the event, date and time of persons to be notified and recommendation for housing placement. If a forensic exam was required, location of the examination as well as date and time victim was sent out and then returned to the facility.

Staff all stated that as a first responder they responsibility is to separate the victim from the abuser, allow neither one of them to shower, get a drink or change clothes. They stated they would then call their supervisor who, in turn, contacts the investigators. Staff would also secure the scene and would not allow anyone to enter until the investigators arrived and took control. When asked if they would allow the Warden to enter the area, the answers were mixed as they did not want to disobey the Warden.

115.64(b) All WMCC staff could potentially become first responders and are to follow the coordinated response found in D1-8.13 Offender Sexual Abuse and Harassment. (per email August 25, 2016)

When talking with contractors, they stated if they were the first to respond to a sexual abuse allegation they would keep the victim safe and notify staff immediately.

Standard 115.65 Coordinated response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC has developed a coordinated response to all sexual abuse incidents.

115.65(a) The coordinated response to offender sexual abuse covers the following topics:

- Role and Responsibilities of Shift Commander, Site PREA Coordinator, First Responder, Mental Health, and Medical
- Exceptions to the protocol

SOPD1-8.13 Offender Sexual Abuse and Harassment includes a section on coordinated response on pages 16 and 17. It states, "CAO or designee shall coordinate actions taken by first responders, medical, mental health, investigators, and administrators in response to all allegations of offender sexual abuse and harassment as outlined in the divisions' coordinated response to offender sexual abuse protocol. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. The coordinated response will be completed and distributed as outlined in the Coordinated Response Completion Guide (SOP Reference E) as well as the Coordinated Response to Offender Sexual Abuse (Institutions) protocol (SOP Reference F). Offender/staff interpreters for non-English speaking victims/perpetrators can only be utilized in an exigent circumstance when the event is first reported until an outside interpreter can be arranged. If the allegation is reported directly to a facility administrator the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist.

Staff member first responder shall:

- Ensure the safety of the victim.
- Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable.
- Make immediate notification to the shift commander or shift supervisor.
 - In the event of an allegation of a penetration act, the shift commander or shift supervisor shall make telephone notifications and respond as outlined in the divisions' coordinated response to offender sexual abuse protocol.
 - In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol.
 - Shift supervisors will copy the email notification with the PREA checklist attachment to necessary WRDCC mental health staff. Shift supervisors will complete and forward (via email and hard copy) the Referral and Screening Note-Health Services form to the mental health staff.
- Upon receiving information that an offender has been sexually abused while assigned at another facility the coordinated response for offender sexual abuse will be immediately initiated as outlined in this procedure. If the alleged abuse occurred at a facility outside the Missouri Department of Corrections, the notification checklist will be forwarded to the department's PREA coordinator. The PREA coordinator will ensure notification to the facility is made with 72 hours.
- A coordinated response will be initiated as outlined in this procedure for all allegations of offender sexual abuse that are received from facilities outside the Missouri Department of Corrections."

Administrative staff articulated all components of the facility's coordinated response to sexual abuse and harassment. The expectation outlined by the administration is that every employee should be knowledgeable of the coordinated response and execute the response when needed.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has a labor agreement with Missouri Corrections Officers Association that ends 9/30/2018.

115.66(a) Policy D2-11.6, Labor Organization, page 4 states, "Per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted."

On page 2, Article 2, Management Rights of Labor Agreement between the State of Missouri Office Administration, The Department of Corrections Division of Adult Institutions and Missouri Corrections Officers Association (MOCOA) states, "The right to hire, assign, reassign, transfer, promote and to determine hours of work and shifts and assign overtime."

Standard 115.67 Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC has policy in place to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation from retaliation by other inmates or staff.

In the past twelve months there have been reports of retaliation against staff or inmates.

115.67(a)(b)(c)(d) SOPD1-8.13 Offender Sexual Abuse and Harassment, pages 15 -16 outlines the protection from retaliation for inmates and staff in the following manner:

- Inmates:
 - The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation.
 - Immediately following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner:
 - The alleged victim and reporter of offender sexual abuse or harassment shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation.
 - For offender victims and offender reporters, monitoring shall include face-to-face status checks by staff members a minimum of every 30 days.
 - The assessment/retaliation status check form shall be used during each of the assessment interviews.
 - If the victim or reporter expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded.
- Staff

- The PREA site coordinator or designee shall monitor all staff reporters of offender sexual abuse or harassment for a minimum of 90 days. Monitoring shall include but is not limited to monitoring for changes that may indicate retaliation, negative performance reviews, or reassignments.
 - The assessment/retaliation status check form shall be used during each of the assessment interviews.
- The PREA site coordinator or designee shall ensure all witnesses receive an initial assessment utilizing the assessment/retaliation status check form.
 - Witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring.
 - The witness shall sign the assessment/retaliation status check form showing they have no concerns regarding potential retaliation.

This policy also states, “The PREA site coordinator shall report all evidence of retaliation to the CAO to ensure an inquiry or investigation is initiated in accordance with department procedures. If possible retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual. The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation and/or possible victims of retaliation be offered emotional support services. Emotional services for offender victim, reporters, or witnesses include but are not limited to, case management or referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff reporters or witnesses included but are not limited to, employee assistance program, peer action and care team referral, and/or chaplain referral. All action taken to remedy retaliation or services offered victim or suspected victim shall be noted on the assessment/retaliation status check form. In the event that a victim, offender reporter, or a witness is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment/retaliation status check form to the PREA site coordinator in the receiving institution. The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure. The PREA site coordinator shall ensure the completed assessment/retaliation status check form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring will continue. If released to a field probation and parole office, monitoring will stop. In the event the allegations are determined to be unfounded the agency shall terminate monitoring.”

WMCC provided an example of “Assessment/Retaliation Status Checklist” form and WMCC provided example ten examples of monitoring for retaliation. It should also be noted that during the retaliation monitoring advocate services were offered to the offenders and no offenders requested these services. In addition, one of the ten example this Auditor reviewed covered monitoring that exceeded the 90 days and was extended to 120 days. At the 120 review, the offender refused to participate in the check-in and monitoring stopped.

Standard 115.68 Post-allegation protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC has policy that prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made. In the past twelve months, there have been no inmates placed in involuntary segregated housing.

115.68(a) SOPD1-8.13, Offender Sexual Abuse and Harassment, pages 17 and 18, under Segregated Housing in Institutional Setting states, “Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include:

- Return to assigned housing.
- Temporary reassignment of staff members.

- Assignment to another housing unit.
- Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim).

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. Offenders who are victims and/or perpetrators in an alleged PREA event will be kept out of sight and sound from each other and be placed in separate wings. If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody."

WMCC reports, "There have been no instances of involuntary segregated housing for offenders who are at a high risk of sexual victimization. Therefore, no documentation exists regarding access to programs, privileges, education, work opportunities, etc."

Standard 115.71 Criminal and administrative agency investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Inspector General conducts all criminal case investigations at WMCC. Administrative agency investigations are also conducted at WMCC.

115.71(a) Policy D1-8.1 Investigation Unit Responsibilities/Actions, page 5, Section III (A) (2) (3) states, "The department maintains a zero tolerance policy against offender abuse and offender sexual abuse. The PREA also prohibits sexual misconduct by staff members against an offender and offender against an offender. All such allegations will be thoroughly reviewed for potential investigation. The investigation unit, under the jurisdiction of the inspector general's office, is the investigative unit of the department. This unit conducts investigations in response to reports of violations of Missouri state law and serious violations of department procedure at all facilities throughout the state. The unit works closely with federal, state and local law enforcement agencies and the other divisions within the department to ensure criminal violators are prosecuted. The department may pursue prosecution of any staff member or offender who violates state law."

Page 7 of this same policy states, "The facility shall report all allegations of sexual abuse, including third-party and anonymous reports, in accordance with the department procedure addressing offender sexual abuse and harassment."

Page 10 of this same policy, Section H, outlines the investigators responsibilities. The policy states, "All investigators shall aid and assist in investigations as directed, and to the limit permitted, by the responsible law enforcement agency and the inspector general or designee. Investigators may be assigned outside their normally assigned region to assist in statewide investigations. Investigators shall conduct investigations into all allegations assigned for investigation promptly, thoroughly, and objectively. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical, DNA evidence and any available electronic monitoring data; shall

interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of behavior involving the alleged victim and suspected perpetrator. Medical records or information related to offender sexual assaults and uses of force may be obtained from facility medical practitioners without authorization from central office. The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an offender or employee. Investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attach copies of all documentary evidence where feasible. Administrative investigations shall include an effort to determine whether staff member actions or failures to act, contributed to the behaviors being alleged. The departure of the alleged abuser or victim from employment or control of the department shall not provide a basis for terminating the investigation. When an investigation reveals probable cause that an offender or staff member has committed, or is suspected of committing, an act in violation of local, state or federal law, the investigator conducting the investigation shall note in the investigative report that the case will be forwarded for prosecution consideration, and submit a request for prosecution packet. The prosecution packet will include at a minimum: the investigation report written by the investigator, a probable cause statement completed by the investigator that conducted the investigation, all relevant documentation associated with the investigation, and other information deemed necessary by the prosecuting attorney's office having proper jurisdiction...CAOs shall impose no standard higher than a preponderance of the evidence in determining whether allegations of offender sexual abuse are substantiated."

115.71(b) Auditor reviewed the training roster from "PREA Specialized Investigator Training" dated January 1, 2013 through September 20, 2014. The roster showed that 56 investigators statewide received this training during that period. In October of 2014, 17 investigators also attended this training.

115.71(c) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, "All investigators shall aid and assist in investigations as directed, and to the limit permitted, by the responsible law enforcement agency and the inspector general or designee. Investigators may be assigned outside their normally assigned region to assist in statewide investigations. Investigators shall conduct investigations into all allegations assigned for investigation promptly, thoroughly, and objectively. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical, DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of behavior involving the alleged victim and suspected perpetrator. Medical records or information related to offender sexual assaults and uses of force may be obtained from facility medical practitioners without authorization from central office."

In the past 12 months there have been three investigations involving a SANE exam other evidence at WMCC.

115.71(d) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, "When an investigation reveals probable cause that an offender or staff member has committed, or is suspected of committing, an act in violation of local, state or federal law, the investigator conducting the investigation shall note in the investigative report that the case will be forwarded for prosecution consideration, and submit a request for prosecution packet. The prosecution packet will include at a minimum: the investigation report written by the investigator, a probable cause statement completed by the investigator that conducted the investigation, all relevant documentation associated with the investigation, and other information deemed necessary by the prosecuting attorney's office having proper jurisdiction...CAOs shall impose no standard higher than a preponderance of the evidence in determining whether allegations of offender sexual abuse are substantiated."

There have been no cases referred for prosecution at WMCC in the past 12 months.

115.71(e) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, "The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an offender or employee."

115.71(f) Policy D1-8.4 Administrative Inquiries, page 5, Section III, (A) states, "Any staff member having direct or indirect knowledge of a potential category I or IV behavior shall immediately notify the CAO by submitting a report of incident, or memorandum, through the chain of command. A copy of all reports of harassment, sexual misconduct, discrimination, or retaliation should be sent to the employee relations supervisor. Staff members must fully cooperate with all administrative inquiries and must fully and truthfully relate their knowledge of all facts pertaining to the alleged behavior under review. Staff members who are the subject of a criminal investigation are not required to provide incriminating information about their own misconduct. However, in all other cases, staff members must fully cooperate with any investigation or administrative inquiry and truthfully relate their knowledge of all facts."

Pages 5 and 6 of this same policy discuss when an administrative inquiry may be conducted. This policy states, "An administrative inquiry may be conducted when a staff member may have been engaged in category I behaviors, or an offender may have been engaged in category IV behaviors. When the CAO receives information that a staff member may have been engaged in category I behavior, the CAO shall review the information and determine the appropriate course of action... The offender sexual abuse coordinated response will be initiated on all allegations of offender sexual abuse or harassment, including anonymous and third party allegations, in accordance with the department's procedure regarding offender sexual abuse and harassment. Based on the circumstances of the allegation, the CAO may immediately remove or reassign the staff member from having contact with the offender pending the outcome of an investigation, or the determination of whether and to what extent discipline is warranted, or if there is reason to believe the offender is being retaliated against by the staff member."

Administrative staff report all administrative cases are assigned by the Warden. Administration advised that requests for investigations are referred to the inspector general's office and they in turn make the determination if an investigation is going to be opened

Auditor reviewed four administrative investigation. These cases all involved offender-on-offender sexual harassment.

115.71(g) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, "Investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attach copies of all documentary evidence where feasible."

115.71(h) WMCC did not have any cases forwarded to the PA in the 12 months.

115.71(i) Auditor reviewed the Agency Records Disposition Schedule and found that records are retained for 50 years.

115.71(j) Auditor reviewed three cases involving WMCC employees who resigned as a result of a PREA allegation.

NOTE: Investigative staff stated they have received specialized PREA training and was able to explain what they covered in training including the discussion of DNA collection, Miranda, Garrity and interviewing victims. Investigative staff stated that all investigations are written in report form. They interview victims, alleged perpetrators, witnesses as well as review any video surveillance that is available. Staff also stated that they look at the totality of the investigation before making a determination. They do not look solely on the credibility of the victim. Investigations are not terminated until all facts and evidence is gathered. Staff stated they do not terminate an investigation when the alleged perpetrator leaves the facility. (This includes staff.)

Auditor reviewed several investigations. Investigators interviewed victims, witnesses and the alleged perpetrators. These investigations also included an anonymous report through their Crime Tips hotline. All reports were very thorough and done in a timely manner.

Standard 115.72 Evidentiary standard for administrative investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC imposes no higher standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

115.72(a) Policy D1-8.4 Administrative Inquiries, page 8, Section III (C) (9) states, "No higher standard than a preponderance of evidence in determining whether allegations of sexual abuse are substantiated."

WMCC also provided examples for this auditor to review. Auditor reviewed three cases of PREA allegations of inmate on inmate sexual harassment and staff on inmate sexual harassment.

Investigative staff stated they do not impose a higher standard of a preponderance of the evidence. They reported they take their investigations seriously and that sexual abuse and harassment is not tolerated. The investigator reported that he treats cases in the correctional setting just as he did while working in the community as certified law enforcement officer.

Standard 115.73 Reporting to inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC has a policy requiring that any inmate who makes an allegation that she suffered sexual abuse is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The Inspector General's office conducts all criminal investigations and conducts administrative investigations.

115.73(a)(c)(d)(e) Policy D1-8.13, Offender Sexual Abuse and Harassment, Reporting Outcomes, pages 23 and 24 states, "Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA coordinator shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification or the alleged sexual abuse by staff notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment. The initial notification shall state whether the allegation was substantiated, unsubstantiated, or unfounded.

In the event that the investigation was conducted by an outside agency, the office of the inspector general shall request relevant information from the outside agency in order to inform the offender of the outcome of the investigation. All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs unless the inquiry or investigation is unfounded:

- (1) Staff perpetrator is no longer assigned to the housing unit.
- (2) Staff perpetrator is no longer employed at the institution or department.
- (3) The staff perpetrator has been indicted on a charge related to sexual abuse within the institution.
- (4) A disposition of charges exists related to sexual abuse within the institution.

Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs.

- (1) The offender has been indicted on a charge related to sexual abuse within the institution.
- (2) A disposition of charges exists related to sexual abuse within the institution.

The departmental PREA coordinator shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender. If the investigation or inquiry involved offender-on-offender sexual abuse or harassment that was substantiated or unsubstantiated, written notification shall be delivered to the offender victim in a confidential manner. The offender shall be offered the notification letter but shall have the right to decline the letter. The original notification shall be signed by the offender or resident and witnessed by a staff member. The original notification shall be forwarded to the department's PREA coordinator for tracking. A copy of the notification shall be provided to the offender. The date the notification letter is delivered to the offender shall be documented in the chronological section of the offender's classification file. In the event the offender is no longer housed in an institution, community release center, or community supervision center the duty to report ends."

Administrative staff reported that it is in policy that all offender victims are notified of the outcomes of their PREA cases. Investigative staff reported that notifications are made and reported that this is part of policy. Auditor reviewed six notifications. Auditor also reviewed a closed case-tracking log. This log tracks when investigations were closed and when the offender was notified.

In the past 12 months, WMCC and investigators completed 67 criminal and/or administrative investigations of alleged inmate sexual abuse.

115.73(b) N/A WMCC is responsible for conducting administrative investigations and the Inspector General's Office has investigators

inside the facility to conduct criminal investigations of alleged sexual abuse and sexual harassment.

Standard 115.76 Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC has procedures in place to discipline staff for violating agency sexual abuse and sexual harassment policies. In the past 12 months, there has been two staff member disciplined under this policy.

115.76(a)(c)(d) Policy D2-11.10 Staff Misconduct, page 4, Section III (A) (14) states, "In order to pursue organizational excellence staff members are expected to adhere to the following professional principles and conduct...report inappropriate actions, misconduct, offender or resident abuse, and sexual contact by staff members and offenders or residents to appropriate personnel."

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (N), page 27 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement."

115.76(b) WMCC reports no staff has been terminated in the past twelve months following a substantiated investigation for sexual abuse. Auditor did review to letters of discipline to staff in 2016. These letters served as letters of "caution" and one staff was required to take PREA training again.

Standard 115.77 Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In the past 12 months, there have been no contractors or volunteers engage in sexual abuse of inmates.

115.77(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment (Page 27 of SOP version) states, “Corrective action for contractors and volunteers: Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility shall take appropriate measures and shall consider whether to prohibit further contact with offenders in the case of any other violations.”

Policy D2-13.1 Volunteers, page 11 -13, Section III (G) states, “All volunteers will be familiar with and adhere to the standards for professionalism, conduct, and job performance in accordance with the department policy and procedures regarding employee standards and staff member conduct. All offender sexual abuse and harassment allegations that occur in a department facility involving a volunteer will be referred for investigation. Volunteers may be subject to disciplinary action and/or termination. When disciplinary action is recommended, the volunteer supervisor shall submit documentation to the volunteer site coordinator outlining the reasons for such actions.

The volunteer site coordinator shall provide the CAO with the recommendation and documentation. If the volunteer is a multi-location volunteer, the volunteer site coordinator requesting the disciplinary action shall provide a copy of the documentation to the volunteer site coordinator at the home base location and/or all other additional locations. If the CAO concurs, and the discipline requires suspension, the volunteer will be suspended and notified in writing within 5 working days that he is suspended and that the recommendation for disciplinary action is being sent to the volunteer services coordinator. The CAO shall forward a recommendation for disciplinary action to the supervisor of department volunteer services with all pertinent documentation. The volunteer services coordinator shall determine what, if any, disciplinary sanctions are warranted. Within 10 working days of receipt of the recommendation, the supervisor of department volunteer services shall provide written notice of discipline sanctions to the volunteer, CAO, volunteer site coordinator, and volunteer supervisor at all locations where the volunteer was approved to provide services...”

WMCC advised there have been no investigations or correction action taken against volunteers or contractors in the last 12 months in regards to PREA allegations..

Administrative staff stated that all contractors and volunteers are subject to the same policies as regular employees when it comes PREA. Staff stated volunteer and contractors are expected to abide by the zero-tolerance culture of the facility.

Standard 115.78 Disciplinary sanctions for inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

At WMCC, inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. The facility will offer therapy, counseling or other interventions to interrupt that type of behavior. If an inmate makes a report in good faith, there will no disciplinary action.

115.78(a)(b)(c)(d)(e)(f)(g) SOP D1-8.13 Offender Sexual Abuse and Harassment, Section III (M), pages 26 and 27 state, “Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender’s disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The disciplinary process shall consider whether an offender’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The mental health notification memo (SOP Reference H) will be completed and forwarded to mental health staff for completion prior to concluding the disciplinary hearing. If found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff member, as available, in accordance with

divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders will not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions.”

Policy IS&SOP 19-1.1 Conduct Rules and Sanctions, Section II (Definitions) pages 2 and 3 state, “If the rule violation is a major violation, is serious in nature, threatens the safety and security of the institution, is for sexual misconduct, or involves the destruction of state or offender property the employee should immediately fill out a Conduct Violation Report (Attachment A) and not use an informal sanction.” This policy also defines sexual activity as “Any sexual act; intentional touching, whether done by a foreign object or by physical human contact of a sexual part of another or of self, regardless of whether such touching is consensual, kissing, or fondling; or physical or verbal conduct of a sexual nature.”

This policy also defines forcible sexual misconduct as “Using force, coercion or threats of force to obtain the compliance of another in any type of sexual activity.” It defines sexual misconduct as “Engaging with another in any type of sexual activity; Engaging in the self-touching of one's sexual parts in view of others and inappropriately exposing one's sexual parts to others.”

WMCC reported that they did not have any incidents where an offender was issued a conduct violation for sexual contact with staff after finding that the staff member did not consent to such contact.

Auditor also reviewed an investigation on consensual sexual activity between inmates. This investigation occurred in December 2015 and was determined to be unfounded.

WMCC states that inmates are not punished for making a PREA allegation especially if it is made in good faith.

After visiting with mental health staff, it was reported they do not get the mental health referral until have an inmate is found guilty of sexual misconduct. They also advised there are no consequences if the inmate chooses not to participate in services.

116.78(c) Auditor reviewed the Disciplinary Sanction Sheet that outlined the disciplinary process for forcible sexual abuse. This process outlines the responsibilities of the Adjustment Hearing Board as well as a Qualified Mental Health Professional. The process also states, “PREA mandates that the disciplinary process consider whether an offender’s mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, shall be imposed. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. In this process it also states that an offender will not be issued a conduct violation for sexual misconduct involving a staff member unless the sexual activity is forced upon the staff member by the offender. In addition it states a report of offender sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation or the allegation is unfounded.”

Standard 115.81 Medical and mental health screenings; history of sexual abuse

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Inmates housed at WMCC are offered follow up meetings with medical or mental health professionals if they disclosed any prior sexual victimization. This is also offered to inmates who have previously perpetrated sexual abuse. Informed consent is obtained from inmates unless they are under the age of 18.

115.81(a)(c)(d) SOP DI-8.13 Offender Sexual Abuse and Harassment, page 10, Section III (C) (5) states, “If the screening indicates that an offender has experienced prior sexual victimization, whether it occurred in a correctional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. If the screening indicates that an offender has previously perpetrated sexual abuse, whether it occurred in a correctional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting.”

IS11-32 Receiving Screening – Intake Center, pages 4 -5, Section III (B) states, “If during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment. If the screening indicates the offender has experienced prior sexual victimization and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated and the offender will be offered a follow-up meeting with a medical and/or mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a QMHP within 14 days of the intake screening. Health services staff members shall obtain informed consent from offenders in accordance with institutional services regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.”

Auditor also reviewed the PREA Risk Assessment Manual --- many questions remind users that if marked “yes” they need to contact mental health. For example Question 1 of the Risk Assessment:

1. Have you ever been approached for sex/threatened with sexual abuse while incarcerated? (If the offender offers any information with regards to incident place information in the comments box, it is not necessary to get specific details. Determine if the incident was reported. Has the assailant been added to the victim’s enemy listing? Determine if the offender needs Protective Custody or a Mental Health Referral...”

Auditor reviewed a “PREA Log” for April 2016. Three referrals were made to mental health based on the inmate reporting prior sexual victimization. Mental health charting files on these incidents included the referral, the charting guide and the signed informed consent by the three inmates. Referrals were made in a timely fashion. Mental health made contact with the inmates within 48 hours of receiving the referral.

115.81(b) WMCC also provided copies of the Adult Risk Assessment Referral Log 2015- 2016. This log tracks mental health information obtained from the risk assessment. It also tracks the offender name, DOC number, date mental health was notified and the date they were seen.

115.81(e) Auditor reviewed a “PREA Log” for April 2016. Three referrals were made to mental health based on the inmate reporting prior sexual victimization. Mental health charting files on these incidents included the referral, the charting guide and the signed informed consent by the three inmates. Referrals were made in a timely fashion. Mental health made contact with the inmates within 48 hours of receiving the referral. In reviewing the PREA log for these cases, all were offered the services of an advocate.

Standard 115.82 Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Inmate victims of sexual abuse at WMCC receive timely, unimpeded access to emergency medical treatment and crisis intervention services. They are also offered information and access to sexually transmitted infections prophylaxis. All services are provided at no cost to the victim.

115.82(a)(b)(c) Policy SOP D1-8.13 Offender Sexual Abuse and Harassment, pages 18-21 states, “Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment. When conducting a medical assessment of any victim or alleged or suspected perpetrator of an incident of sexual abuse or sexual harassment, health services staff members may not collect evidence but shall assist in the preservation of items related to the incident. Health services staff members should screen victims for obvious physical trauma, and at that time provide emergency medical care. If an allegation of offender sexual abuse is made within 72 hours of the event and consists of penetration of the mouth, anus, buttocks, or vulva, of any kind, however slight, by hand, finger, object instrument, or penis, the victim should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible, for gathering of evidence. If it has been greater than 72 hours since the alleged abuse, and the alleged victim has not showered, they should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible for gathering of evidence. Health services staff members should contact the shift commander and the community emergency room to arrange transportation to the emergency room in accordance with institutional services procedures regarding offender transportation and hospital and specialized ambulatory care. If the victim has showered and it has been more than 72 hours since the reported assault, the physician should determine treatment and whether or not the victim will be sent off site for a forensic exam. For investigative purposes, the investigator may choose to have the victim sent out for a forensic exam.

****SOP The offender will remain in the medical unit until the investigator has determined whether or not the offender needs to go on medical out count.

When a forensic out count is indicated:

- a. Health services staff members should contact the shift commander and the community emergency room to arrange transportation in accordance with institutional services procedures regarding offender transportation and specialized ambulatory care. The offender will be held in medical when possible until the arrival of the investigator. Through communication with the hospital, health services staff shall determine when the offender should arrive at the hospital to ensure prompt services. If the offender refuses a forensic exam, medical staff members will educate the offender on importance of forensic exams. If the offender continues to refuse a forensic exam, documentation of the refusal will be noted on the refusal of treatment - no show form.

****SOP A copy of the refusal is to be sent to the PREA site coordinator.

Any emergency treatment provided should be documented, in SOAP format, in the applicable department computer system. Health services staff members should interact with the alleged victim in a neutral and non-judgmental manner. Health services staff members should ask the alleged victim for details of the incident that are important for the provision of health services. The health services related documentation of the alleged assault should be released only to the CAO or designee and the institutional investigator. Alleged victims of offender sexual abuse that consists of penetration of the mouth, anus, buttocks, or vulva, of any kind, however slight, by hand, finger, object instrument, or penis should be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate. If initial disclosure of offender sexual abuse is made to health services staff members, notification should be made to the shift commander to initiate the coordinated response to offender sexual abuse in accordance with this procedure.

****SOP Health services staff are to also notify the PREA site coordinator. The reported perpetrator’s health record will be reviewed by the health services administrator or designee and referred to the physician for appropriate communicable disease diagnostic testing.

Upon receiving a report of a substantiated case of offender sexual abuse the PREA site coordinator will submit a referral and screening note - health services form to ensure the perpetrator will be assessed by qualified mental health professional (QMHP) within 60 days of learning of such abuse. If the allegation involves penetration and the offender is being out counted for a forensic exam and/or treatment, a QMHP will assess the victim within two hours of the offender returning to the facility. If the allegation involves penetration but the offender is not being out counted due to the amount of time that has elapsed since the time of the incident, a QMHP will assess the offender within two hours of receiving notification from the shift commander. If the allegation involves non-penetration, mental health staff members will receive a referral and screening note - health services from the shift commander and assessment will be offered within the next business day unless emergent events warrants a more immediate response by mental health staff members. During the initial assessment, mental health treatment interventions will be discussed with the victim by the QMHP and will include options such as individual and/or group therapy. The QMHP will explain and offer advocacy services to the alleged victim offender. Advocacy will not be offered for allegations of sexual harassment. The QMHP will document the offender’s acceptance or refusal of advocacy services in the electronic medical record. If the offender refuses advocacy services, the QMHP will have the victim sign the refusal of treatment/ no show form.

****SOP A copy of the refusal of treatment form will be forwarded to the PREA site coordinator to be placed in the PREA event file. If the offender requests an advocate, the QMHP will notify the site advocacy liaison.

****SOP A QMHP will notify the PREA site coordinator in writing or email when victim requests an advocate. PREA site coordinator will subsequently notify the investigative staff of victim's request for advocate. When the victim is out counted to MOSAIC Life Care for a SANE exam the hospital will contact the YWCA for advocacy services. When advocacy hours provided by the YWCA have been exhausted, the PREA site coordinator will notify the chaplain of the victim's request for an advocate. Institutional chaplain will meet with the victim and document the meeting, forward documentation to the PREA site coordinator to be placed in the PREA event file. If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 72 hours within a correctional facility or 92 hours within a community confinement facility, custody staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. Victims of sexual abuse shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Each victim and abuser shall be offered medical and mental health evaluation, and as appropriate, treatment and include appropriate follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services."

WMCC's Coordinated Response to Offender Sexual Abuse addresses medical and mental health responsibilities for a penetration event and a non-penetration event.

For a penetration event:

Medical will:

- Assess the offender and process the medical out count to a hospital that utilizes Sexual Assault Nurse Examiners (SANE) to collect forensic evidence for an examination.
 - The listing of SANE hospitals can be found on the PREA intranet page. .
 - If the alleged victim refuses to submit to a forensic examination after speaking with the investigator, medical will have the offender sign the medical refusal form which will be forwarded to the PREA Site Coordinator to be attached to the PREA Event Checklist.
 - Provide follow-up care upon offender's return from the medical out count.

Mental Health:

- Mental Health will respond within 2 hours of the offender's return from the medical out count.

For a non-penetration event:

- Mental health – Mental Health Referral Form – will respond no later than the next business day

WMCC also provided copies of the "PREA Event Log 2016" and "PREA Log for Mental Health 20116 (January – September)". The PREA Event log had three entries (April). This log tracks offender name, number, and date of PREA event. It also tracks the date the provider was notified as well as any hospital information. This log has provider referrals and referrals to outside hospitals. The PREA log for Mental Health tracks the offender name, DOC number, date mental health was notified as well as the name of staff that was assigned

Mental health staff state that services start as soon as they are made aware of the need. They also were able to articulate their first responder responsibilities if something were to happen inside the clinic.

115.82(d) Auditor reviewed the contract requirements the MDOC has with Corizon. Pages 25 and 26 outline Corizon's obligations when obtaining medical care services from hospitals. The pages 42 – 45 outlines Corizon's experience with PREA, training regarding PREA, zero tolerance and mandatory reporting requirements if witnessing any form of sexual misconduct. Corizon will not charge victims for any services provided.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC offers medical and mental health evaluations/treatment to all inmates who have been victimized by sexual abuse in any confinement settings. They also offer tests for sexually transmitted infections as medically appropriate.

115.83(a)(b)(c)(d)(e)(f) SOP D1-8.13 Offender Sexual Abuse and Harassment, page 21, Section III (G) states, "Victims of sexual abuse shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Each victim and abuser shall be offered medical and mental health evaluation, and as appropriate, treatment and include appropriate follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services. Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results the victim shall receive timely and comprehensive information about and access to all lawful pregnancy-related medical services."

Mental Health/Medical Staff stated that physical exams are always done on alleged victims. They always check to see if there is anything that is reportable. They advised that they do provide services that are consistent with the community. They advise the forensic exams can be done on site if the SANE examiner from Corizon is available to travel to WMCC. They compared their services to what a citizen would find at a Level 5 Medical facility

115.83(g) Policy SOP D1-8.13 Offender Sexual Abuse and Harassment states, "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

115.83(h) Medical advised that known abusers were also referred to mental health.

Standard 115.86 Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigations, unless the allegation is determined to be unfounded. They do this within 30 days of the conclusion of the investigation. Members of the review team include upper-level management, supervisors, investigators, and medical and/or mental health professionals. The members document their findings and any recommendations they may make.

115.86(a) SOP D1-8.13 Offender Sexual Abuse and Harassment, pages 22 and 23, Section III (I) states, “Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded.

115.86(b) SOP D1-8.13 Offender Sexual Abuse and Harassment states, “Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry utilizing the PREA sexual abuse debriefing form and submitted to the department PREA coordinator, CAO, and assistant division director.”

115.86(c) SOP D1-8.13 Offender Sexual Abuse and Harassment states, “The review team for offender sexual abuse events shall include the PREA site coordinator, and other upper level administrators, when applicable, with input from supervisors, investigator, and medical or mental health practitioners, when applicable. A complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The written report will be prepared by the PREA site coordinator.

115.86(d) Auditor reviewed seven reviews of sexual abuse incidents that resulted from unsubstantiated dispositions. This review included the name of the victim, assailant, staff members involved in the briefing, date and time of the incident, what occurred, location of the incident, housing information, was the allegation motivated by race, ethnicity or sexual orientation, information on the coordinated response, information on a forensic exam, mental health consultation, and any recommendations.

Administration stated that they use these reviews to their advantage to improve prevention of abuse. The Site Coordinator also reported that the review team will go into the facility and look at the location of the incident to get a better picture of the incident.

115.86(e) SOP D1-8.13 Offender Sexual Abuse and Harassment states, “The facility shall implement the recommendations for improvement, or shall document its reasons recommendations shall not be implemented. The completed report shall be stamped confidential and shall be submitted to the assistant division director with a copy to department’s PREA coordinator. The assistant division director shall forward the report to the division director. A copy of the report shall be filed in the institutional PREA event file for future audits.”

Of the seven incident reviews the auditor looked at, three resulted in no recommendations and four included recommendations.

Standard 115.87 Data collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Data needed to complete the annual Survey of Sexual Violence is collected in the Correctional Information Network (COIN) system. Data is collected and reviewed annually.

115.87(a)(b)(c)(d) Policy D1-8.13 Offender Sexual Abuse and Harassment states, “Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department’s PREA coordinator by the last working day in March. The report shall include: 1) identified problem areas, 2) recommendations for improvement, 3) corrective action taken, 4) if recommendations for improvements were not implemented, reasons for not doing so, 5) a comparison of the current year’s data and corrective actions with those from prior years, and an assessment of the facility’s progress in address sexual abuse, 6) an evaluation of the need for camera and monitoring systems, 7) in consultation with the PREA site coordinator; assessment determination, and documentation of whether adjustments are needed to the staffing plan, the deployment of video monitoring and the resource availability to adhere to the staff plan. The yearly report shall be submitted to the division director and the department PREA coordinator no later than the last working day in March.

The PREA coordinator shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the last working day in May."

Auditor reviewed the MDOC 2015 PREA Annual Report. This report contained information on the progress the department made in 2014 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

Administrative staff reported that data is collected monthly and reported annually to the PREA Coordinator.

115.87(e) N/A does not contract for the confinement of its inmates.

115.87(f) WMCC completes the SSV each year.

Standard 115.88 Data review for corrective action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.88(a)(b)(c) SOPD1-8.13 Offender Sexual Abuse and Harassment, pages 27 – 28 state, "Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA coordinator by the last working day in March. The report shall include: (1) identified problem areas, (2) recommendations for improvement, (3) corrective action taken, (4) if recommendations for improvements were not implemented, reasons for not doing so, (5) a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse, (6) an evaluation of the need for camera and monitoring systems, (7) in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to the:

- (A) the staffing plan,
- (B) the deployment of video monitors, and
- (C) the resource availability to adhere to the staffing plan.

The yearly report shall be submitted to the division director and the department PREA coordinator no later than the last working day in March.

Agency Report: The PREA coordinator shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: (1) a comparison with prior year's data, (2) corrective actions, and (3) an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the last working day in May.

Auditor reviewed the statewide annual report as well as the report as it relates specifically to WMCC.

Auditor reviewed the 2014 and 2015 PREA breakdowns for each facility in the MDOC.

Auditor reviewed the MDOC 2014 and 2015 PREA Annual Report. This report contained information on the progress the department made in 2015 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

115.88(d) SOPD1-8.13 Offender Sexual Abuse and Harassment also states, “The COA or designee, PREA coordinator, and/or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of the facility. The CAO or designee, PREA coordinator, and/or department director shall indicate the nature of the material edited. The department’s annual PREA report shall be made available to the public on the department’s internet website.”

Standard 115.89 Data storage, publication, and destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.89(a) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

115.89(b) SOPD1-8.13 Offender Sexual Abuse and Harassment, page 28 states, “The department's annual PREA report shall be made available to the public on the department's internet website.”

Auditor reviewed the MDOC 2015 PREA Annual Report. This report contained information on the progress the department made in 2014 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

115.89(c) SOPD1-8.13 Offender Sexual Abuse and Harassment also states, “The COA or designee, PREA coordinator, and/or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of the facility. The CAO or designee, PREA coordinator, and/or department director shall indicate the nature of the material edited. The department’s annual PREA report shall be made available to the public on the department’s internet website.”

115.88(d) According the Agency Records Disposition Schedule (Inspector General Section) , this information is retained for five years, and then it is destroyed.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

/s/ Elisabeth Copeland

January 23 2017

Auditor Signature

Date

PREA AUDIT REPORT ☐ INTERIM ☐ FINAL

COMMUNITY CONFINEMENT FACILITIES

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Auditor Information			
Auditor name:			
Address:			
Email:			
Telephone number:			
Date of facility visit:			
Facility Information			
Facility name:			
Facility physical address:			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number:			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	<input type="checkbox"/> Other
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center		
Name of facility's Chief Executive Officer:			
Number of staff assigned to the facility in the last 12 months:			
Designed facility capacity:			
Current population of facility:			
Facility security levels/inmate custody levels:			
Age range of the population:			
Name of PREA Compliance Manager:		Title:	
Email address:		Telephone number:	
Agency Information			
Name of agency:			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address:			
Mailing address: <i>(if different from above)</i>			
Telephone number:			
Agency Chief Executive Officer			
Name:		Title:	
Email address:		Telephone number:	
Agency-Wide PREA Coordinator			
Name:		Title:	
Email address:		Telephone number:	

AUDIT FINDINGS

NARRATIVE

DESCRIPTION OF FACILITY CHARACTERISTICS

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded:

Number of standards met:

Number of standards not met:

Number of standards not applicable:

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.212 Contracting with other entities for the confinement of residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.213 Supervision and monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.215 Limits to cross-gender viewing and searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.216 Residents with disabilities and residents who are limited English proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.217 Hiring and promotion decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.218 Upgrades to facilities and technologies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.221 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.222 Policies to ensure referrals of allegations for investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.231 Employee training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.232 Volunteer and contractor training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.233 Resident education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.234 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.235 Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.241 Screening for risk of victimization and abusiveness

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.242 Use of screening information

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
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Standard 115.251 Resident reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.252 Exhaustion of administrative remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.253 Resident access to outside confidential support services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Standard 115.254 Third-party reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Standard 115.261 Staff and agency reporting duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Standard 115.262 Agency protection duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Standard 115.263 Reporting to other confinement facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.264 Staff first responder duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Standard 115.265 Coordinated response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.266 Preservation of ability to protect residents from contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.267 Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.271 Criminal and administrative agency investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.272 Evidentiary standard for administrative investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.273 Reporting to residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.276 Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.277 Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.278 Disciplinary sanctions for residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Standard 115.282 Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.286 Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Standard 115.287 Data collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Standard 115.288 Data review for corrective action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
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Standard 115.289 Data storage, publication, and destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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AUDITOR CERTIFICATION

I certify that:

- ☐ The contents of this report are accurate to the best of my knowledge.
- ☐ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☐ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Signature

Date

PREA AUDIT REPORT ☐ INTERIM ☐ FINAL

COMMUNITY CONFINEMENT FACILITIES

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Auditor Information			
Auditor name:			
Address:			
Email:			
Telephone number:			
Date of facility visit:			
Facility Information			
Facility name:			
Facility physical address:			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number:			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	<input type="checkbox"/> Other
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center		
Name of facility's Chief Executive Officer:			
Number of staff assigned to the facility in the last 12 months:			
Designed facility capacity:			
Current population of facility:			
Facility security levels/inmate custody levels:			
Age range of the population:			
Name of PREA Compliance Manager:		Title:	
Email address:		Telephone number:	
Agency Information			
Name of agency:			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address:			
Mailing address: <i>(if different from above)</i>			
Telephone number:			
Agency Chief Executive Officer			
Name:		Title:	
Email address:		Telephone number:	
Agency-Wide PREA Coordinator			
Name:		Title:	
Email address:		Telephone number:	

AUDIT FINDINGS

NARRATIVE

DESCRIPTION OF FACILITY CHARACTERISTICS

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded:

Number of standards met:

Number of standards not met:

Number of standards not applicable:

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.212 Contracting with other entities for the confinement of residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Standard 115.213 Supervision and monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Standard 115.215 Limits to cross-gender viewing and searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Standard 115.216 Residents with disabilities and residents who are limited English proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Standard 115.217 Hiring and promotion decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Standard 115.218 Upgrades to facilities and technologies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Standard 115.221 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
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Standard 115.222 Policies to ensure referrals of allegations for investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Standard 115.231 Employee training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Standard 115.232 Volunteer and contractor training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Standard 115.233 Resident education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Standard 115.234 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
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Standard 115.235 Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
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Standard 115.241 Screening for risk of victimization and abusiveness

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Standard 115.242 Use of screening information

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Standard 115.251 Resident reporting

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Standard 115.252 Exhaustion of administrative remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
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Standard 115.253 Resident access to outside confidential support services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
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Standard 115.254 Third-party reporting

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Standard 115.261 Staff and agency reporting duties

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Standard 115.262 Agency protection duties

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Standard 115.263 Reporting to other confinement facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
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Standard 115.264 Staff first responder duties

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Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.266 Preservation of ability to protect residents from contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
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Standard 115.267 Agency protection against retaliation

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Standard 115.271 Criminal and administrative agency investigations

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Standard 115.272 Evidentiary standard for administrative investigations

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Standard 115.276 Disciplinary sanctions for staff

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Standard 115.286 Sexual abuse incident reviews

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Standard 115.287 Data collection

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Standard 115.288 Data review for corrective action

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Standard 115.289 Data storage, publication, and destruction

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AUDITOR CERTIFICATION

I certify that:

- ☐ The contents of this report are accurate to the best of my knowledge.
- ☐ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☐ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Signature

Date

PREA AUDIT REPORT ☐ INTERIM ☐ FINAL

COMMUNITY CONFINEMENT FACILITIES

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Auditor Information			
Auditor name:			
Address:			
Email:			
Telephone number:			
Date of facility visit:			
Facility Information			
Facility name:			
Facility physical address:			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number:			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	<input type="checkbox"/> Other
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center		
Name of facility's Chief Executive Officer:			
Number of staff assigned to the facility in the last 12 months:			
Designed facility capacity:			
Current population of facility:			
Facility security levels/inmate custody levels:			
Age range of the population:			
Name of PREA Compliance Manager:		Title:	
Email address:		Telephone number:	
Agency Information			
Name of agency:			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address:			
Mailing address: <i>(if different from above)</i>			
Telephone number:			
Agency Chief Executive Officer			
Name:		Title:	
Email address:		Telephone number:	
Agency-Wide PREA Coordinator			
Name:		Title:	
Email address:		Telephone number:	

AUDIT FINDINGS

NARRATIVE

DESCRIPTION OF FACILITY CHARACTERISTICS

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded:

Number of standards met:

Number of standards not met:

Number of standards not applicable:

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
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Standard 115.212 Contracting with other entities for the confinement of residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
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Standard 115.213 Supervision and monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
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Standard 115.215 Limits to cross-gender viewing and searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Standard 115.216 Residents with disabilities and residents who are limited English proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
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Standard 115.217 Hiring and promotion decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
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Standard 115.218 Upgrades to facilities and technologies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
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Standard 115.221 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
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Standard 115.222 Policies to ensure referrals of allegations for investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
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Standard 115.231 Employee training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
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Standard 115.232 Volunteer and contractor training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
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Standard 115.233 Resident education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
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Standard 115.234 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
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Standard 115.235 Specialized training: Medical and mental health care

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Standard 115.241 Screening for risk of victimization and abusiveness

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
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Standard 115.242 Use of screening information

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
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Standard 115.251 Resident reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
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Standard 115.252 Exhaustion of administrative remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
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Standard 115.253 Resident access to outside confidential support services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
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Standard 115.254 Third-party reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
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Standard 115.261 Staff and agency reporting duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
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Standard 115.262 Agency protection duties

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Standard 115.263 Reporting to other confinement facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
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Standard 115.264 Staff first responder duties

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Standard 115.265 Coordinated response

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Standard 115.276 Disciplinary sanctions for staff

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Standard 115.282 Access to emergency medical and mental health services

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Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

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Standard 115.286 Sexual abuse incident reviews

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- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.287 Data collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.288 Data review for corrective action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.289 Data storage, publication, and destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

AUDITOR CERTIFICATION

I certify that:

- ☐ The contents of this report are accurate to the best of my knowledge.
- ☐ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☐ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Signature

Date